


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000076821			
1. Corporation Name Johnny T's All American Restaurant, INC			
2. Principal Office Address 375 12th Ave South Suite, Apt. #, etc.		3. Mailing Office Address 375 12th Ave South Suite, Apt. #, etc.	
City & State NAPLES Florida		City & State NAPLES Florida	
Zip 34102	Country	Zip 34102	Country
4. Date Incorporated or Qualified To Do Business in Florida 8-14-2000		5. FEI Number 59-3676556	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
\$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name Antonio Faga, Esquire 100004711231--2			
Street Address (P.O. Box Number is Not Acceptable) 375 12th Avenue South 12/08/01 81026-022 ***750.00 ***750.00			
Suite, Apt. #, Etc.			
City Naples Florida		State FL	Zip Code 34102
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent Tony Faga		Date 11.20.01	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	John Tarangelo	2950 Tamiami Trail N	Naples FL 34102
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: John Tarangelo		Date 11.20.01	Daytime Phone # 941-643-3051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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REINSTATEMENT 01

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