


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT 2002 UBR		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000081073			
1. Corporation Name TAVERNA OPA OF Ft. Lauderdale, Inc.			
2. Principal Office Address 3051 NE 32nd Ave Suite, Apt. #, etc.		3. Mailing Office Address 3051 NE 32nd Ave Suite, Apt. #, etc.	
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL	
Zip 33308	Country USA	Zip 33308	Country USA

FILED

02 DEC 23 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100009647901

12/23/02-0114-003-150.00

4. Date Incorporated or Qualified To Do Business in Florida 8/28/00	Applied For Not Applicable
5. FEI Number 65-1037831	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Peter Tsialiamanis	
Street Address (P.O. Box Number is Not Acceptable) 606 N. Ocean Drive	
Suite, Apt. #, Etc.	
City Hollywood	State FL
Zip Code 33019	

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**

REGISTERED AGENT MUST SIGN

Date

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
PSTD	Peter Tsialiamanis	606 N Ocean Dr Hollywood, FL 33019	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/6/02 0954/9294837

CR2E081 (9/01)

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**TAVERNA OPA OF FT. LAUDERDALE, INC.
3051 N.E. 32ND AVENUE
FORT LAUDERDALE, FL 33308**

December 9, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Taverna Opa of Ft. Lauderdale, Inc.
65-1037831

I am the President of the above referenced. I recently become aware that my corporation lapsed with the state. I believe that the previous tenant received and most likely disposed of my mail because I did not sign the lease for the above location until July of 2002. I believe that the annual report was mailed out prior to that time.

Based on the foregoing, I respectfully request that you please remove the late filing penalties and accept my reinstatement form and fees. Your help and understanding in this matter would be greatly appreciated.

Sincerely,


Peter Tsialiamanis