

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

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FILED

05 APR - 1 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 04/14/05



|   |                                 |  |   |  |                          |
|---|---------------------------------|--|---|--|--------------------------|
| DOCUMENT # P00000112858   |                                 |  |   | 1. Entity Name<br>EXPRESS WINGS OF PINELLAS, INC.  |                          |
| Principal Place of Business<br>2710 GULF TO BAY BLVD<br>CLEARWATER, FL 33759  |                                 | Mailing Address<br>2710 GULF TO BAY BLVD<br>CLEARWATER, FL 33759 |   |  |                          |
| 2. Principal Place of Business  |                                 | 3. Mailing Address   |   |  |                          |
| Suite, Apt. #, etc.   |                                 | Suite, Apt. #, etc.  |   |  |                          |
| City & State  |                                 | City & State   |   |  |                          |
| Zip   | Country                         | Zip  | Country   | 4. FEI Number<br>59-3685747  |                          |
| 6. Name and Address of Current Registered Agent<br>RYBAK, JOSEPH<br>2710 GULF TO BAY BLVD<br>CLEARWATER, FL 33759   |                                 |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                          |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   |                                 |  |   |  |                          |
| SIGNATURE   |                                 | JOSEPH F. RYBAK  |   | 3/14/2005  |                          |
| Signature, typed or printed name of registered agent and title if applicable.   |                                 | (NOTE: Registered Agent signature required when reinstating)     |   | DATE   |                          |
| <b>FILE NOW!!! FEE IS \$900.00</b>  |                                 |  |   |  |                          |
| 10. OFFICERS AND DIRECTORS  |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |                          |
| TITLE   | P                               | RYBAK, JOSEPH  | TITLE   | PRESIDENT  | JOSEPH F. RYBAK          |
| NAME  | <input type="checkbox"/> Delete | 2710 GULF TO BAY BLVD  | NAME  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   | 1719 BEACH BLVD LOT 1045 |
| STREET ADDRESS  |                                 | CLEARWATER, FL 33759   | STREET ADDRESS  |  | JACKSONVILLE, FL 32250   |
| CITY-ST-ZIP   |                                 |  | CITY-ST-ZIP   |  |                          |
| TITLE   | S                               | RYBAK, KAREN   | TITLE   |  |                          |
| NAME  | <input type="checkbox"/> Delete | 2710 GULF TO BAY BLVD  | NAME  |  |                          |
| STREET ADDRESS  |                                 | CLEARWATER, FL 33759   | STREET ADDRESS  |  |                          |
| CITY-ST-ZIP   |                                 |  | CITY-ST-ZIP   |  |                          |
| TITLE   |                                 |  | TITLE   |  |                          |
| NAME  | <input type="checkbox"/> Delete |  | NAME  |  |                          |
| STREET ADDRESS  |                                 |  | STREET ADDRESS  |  |                          |
| CITY-ST-ZIP   |                                 |  | CITY-ST-ZIP   |  |                          |
| TITLE   |                                 |  | TITLE   |  |                          |
| NAME  | <input type="checkbox"/> Delete |  | NAME  |  |                          |
| STREET ADDRESS  |                                 |  | STREET ADDRESS  |  |                          |
| CITY-ST-ZIP   |                                 |  | CITY-ST-ZIP   |  |                          |
| TITLE   |                                 |  | TITLE   |  |                          |
| NAME  | <input type="checkbox"/> Delete |  | NAME  |  |                          |
| STREET ADDRESS  |                                 |  | STREET ADDRESS  |  |                          |
| CITY-ST-ZIP   |                                 |  | CITY-ST-ZIP   |  |                          |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                 |  |   |  |                          |
| SIGNATURE:  |                                 | JOSEPH F. RYBAK  |   | PRESIDENT  |                          |
| Signature and typed or printed name of signing officer or director  |                                 |  |   | 3/14/2005 9042239196   |                          |
|   |                                 |  |   | Date Daytime Phone #   |                          |

APR 01 2005

PS 292

EXPRESS WINGS OF PINELLAS

FIN 59-3685-947

14019 BEACH BLVD LUT 1045

JACKSONVILLE, FL 32250

To TIM ROBERTS

I am asking for a waiver on my  
Renstatement as I did not receive any  
notice for 2004. After going into  
bankruptcy, I moved to JACKSONVILLE,

Thank you

Joseph Rybak President  
(JOSEPH RYBAK)