## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P01000075077

1. Corporation Name

GYRO KING DELI, INC

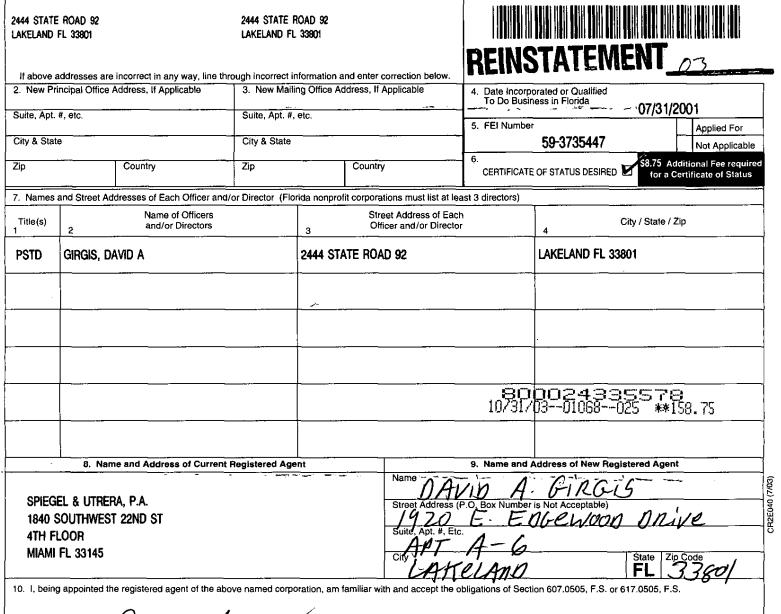
Principal Place of Business

Mailing Address

FILED

03 OCT 31 PM12: 22

SECRETARY OF STATE TALLAHASSEE, FLORIDA



11. 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.

GENT MUST SIGN

**SIGNATURE** 

Signature of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED/

10/27/03 (863) 665-3045
Destribe Phone #

GYRO KING Deli Inc. 2444 USHWY 92 EAST LAKELAND, FL. 33801 (863)665-3045 OCTOBER 27, 2003 TO WHOM IT MAY CONCERN! I DAVID A. GIRDIS- COYRO KING DELI INC.) DID NOT RECIEVE THE TWO PRIOR UNIFORM BUSINESS REPORTS, PLEASE ACCEPT THE ENCLOSED Application And Fee TO File, AND RETURN GYROKING DELI INC. TO A ACTIVE STATUS CORP. AT YOUR EARLIEST CONVIENCE, THANK YOU in ADVANCE FOR YOUR PROMPT ATTENTION TO THIS MATTER, SinceRly,