

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED AND FILED
02 NOV 21 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000075712

1. Corporation Name
ANTONIO'S, INC.

Principal Place of Business: 502 SALEM DRIVE, PENSACOLA FL 32514
Mailing Address: 502 SALEM DRIVE, PENSACOLA FL 32514



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable: 1100 N. DAVIS Hwy
3. New Mailing Office Address, If Applicable: 1100 N. DAVIS Hwy

4. Date Incorporated or Qualified To Do Business in Florida: 07/30/2001

City & State: Pensacola FL
Zip: 32503
Country: USA

5. FEI Number: 59-3739603
Applied For: Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: D, LEE, CECILIA B, 502 SALEM DRIVE, PENSACOLA FL 32514

100009150321
11/21/02--01066--018 **158.75

8. Name and Address of Current Registered Agent

KIEVIT, KELLY & DOM, P.A.
15 WEST MIAN STREET
PENSACOLA FL 32501

9. Name and Address of New Registered Agent

Name: CECILIA B Lee
Street Address: 1100 N. DAVIS Hwy
City: Pensacola
State: FL
Zip Code: 32503

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: [Signature] REGISTERED AGENT MUST SIGN
Date: 10/22/02

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.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 10/22/02
Daytime Phone #: 850 470-0047

CR2E04D (8/02)

10/22/02

To whom this may concern:

We did not receive original form to incorporate and we are requesting a waiver of penalty for this corporation and we will be sure that this will not happen again.

Cecilia Blee