

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 DEC 15 PM 4:02

DOCUMENT # P01000096747

1. Corporation Name

STEFANO GREEK-ITALIAN RESTAURANT INC.

2. Principal Office Address - No P.O. Box #

8904 N 56th STREET

Suite, Apt. #, etc.

3. Mailing Office Address

8904 N 56th STREET

Suite, Apt. #, etc.

City & State

TEMPLE TERRACE FL

City & State

TEMPLE TERRACE

Zip

33617

Country

US

Zip

33617

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida 10/04/2001

5. FEI Number
59-3747262

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOSIF BINJAKU

Street Address (P.O. Box Number is Not Acceptable)

506 ROYAL GREENS DRIVE

Suite, Apt. #, Etc.

City

TEMPLE TERRACE

State

FL

Zip Code

33617

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Josif Binjak
REGISTERED AGENT MUST SIGN

Date 12-12-08

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	JOSIF BINJAKU	506 ROYAL GREENS DRIVE	TEMPLE TERRACE FL 33617
VP	DRITA BINJAKU	506 ROYAL GREENS DRIVE	TEMPLE TERRACE FL 33617

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 contained in Chapter 119, 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:

Josif Binjak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-12-08(813) 989-1014

Date

Daytime Phone #