

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 24 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000045256

1. Corporation Name

ROGUE RESTAURANTS, INC.

9047 9TH ST.

ST PETERSBURG, FLOIRDA

2. Principal Office Address

9047 9TH ST.

Suite, Apt. #, etc.

3. Mailing Office Address

ST PETERSBURG, FLOIRDA

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

Zip

33702

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/19/2002

5. Certificate Number

28-3929289

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

PHILIP J. TESTA

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

4726-B N. LOIS AVE.

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33614

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

Date

9/20/04

REGISTERED AGENT MUST SIGN

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	GREG ANASTASAS	9047 9TH ST. ST. PETERSBURG, FL	ST. PETERSBURG, FLA
VP	TOM GOLDEN	9047 9TH ST NO	ST. PETERSBURG, FLA

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

9/20/04

Daytime Phone #

CR2001 (01/01)

UNCE01 (01/04)

PJT

**P. J. TESTA
ACCOUNTANT
P. O. BOX 4562
TAMPA, FLORIDA 33677
ESTABLISHED 1974**

813-877-9615

FAX 813-877-3257

1-800-293-7085

JULY 20TH 2004

STATE OF FLORIDA
DIVISION OF CORPORATIONS
P O BOX 6198
TALLAHASSEE, FLORIDA 32314-6198

Re: Rogue Restaurants, inc.
P020000045256

DEAR SIR:

PLEASE BE ADVISED THAT THE ATTACHED CORPORATION DID NOT RECEIVE THE ORIGINAL NOTIFICATION FOR THE RENEWAL OF THEIR CORPORATE CHARTER. AFTER SPEAKING WITH YOUR REPRESENTATIVE, I AM INCLUDING A CHECK IN THE AMOUNT OF \$ 150.00 TO COVER THE COSTS RELATING TO THIS PROCEDURE.

THANKING YOU IN ADVANCE FOR YOUR UNDERSTANDING AND COOPERATION, I REMAIN,

SINCERELY,



P. J. TESTA
ACCOUNTANT