

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



600023960386
10/21/03--01017--014 **600.00

DOCUMENT # **P02000045256**

1. Corporation Name

ROGUE RESTAURANTS, INC.

Principal Place of Business

Mailing Address

**5427 BAYSHORE BLVD
TAMPA FL 33611**

**5427 BAYSHORE BLVD
TAMPA FL 33611**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

9047 9th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

Zip

Country

33702 USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/19/2002

5. FEI Number

283929289

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VICE PRESIDENT	MICHAEL P. ADAMO	2903 W. AQUILA ST.	TAMPA, FL 33629
PRES	MARLENA C. ADAMO	2903 W. AQUILA ST	TAMPA, FL 33629

8. Name and Address of Current Registered Agent

**ADAMO, MICHAEL
5427 BAYSHORE BLVD
TAMPA FL 33611**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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]

Date

10/13/03

REGISTERED AGENT MUST SIGN

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] **MICHAEL P. ADAMO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/13/03 (813) 833-1007

CR2E040 (7/03)