2006 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT						FILED				
DOCUMENT # P02000057331 1. Entity Name						2006 NOV 16 AM 10: 42				
FRANKIE'S FAMILY RESTAURANT, INC.					SECRETAINS OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business Mailing Address						TALLAHASSEE, FLURIDA				
3701 FOWLER ST	201600	3701 FOWLER ST						1		
FT MYERS, FL 339)1	FT MYERS, FL 33901			} (####################################	SEKS KEN SUN DIM OSK) 46 101 6(11) (8660 :	KILER ATION ATEN	3) () (B1)	
2. Principal Place of	Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			11102006	REIN-P	CR2E098	(11/05)		
City & State		City & State		4. FEI Numbe 02-0613			Not /	lied For Applicable		
Zip	Country lame and Address of Current	Zip Coun		ntry		5. Certificate of Status Desired Fee			ional	
6. 1	7. Name and Address of New Registered Agent Name									
ZULBEARI, FATMIR				Street Address (P.O. Box Number is Not Acceptable)						
3701 FOWLER ST FT MYERS, FL 33901				alloct / dulioss (1.0. Box Hullings is not Acceptable)						
				City	FL Zip Code					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
way-wave or principal restrict of inglestina experience of the population (that is, neglecting Agent algorithm against attending)										
FILE NOWIII FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00						In accordance v corporation did	vith s. 607,19 not receive th	3(2)(b), F. ne prior no	.S., the tice.	
10.	OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFF				
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NAME Street address			NAN Str	EET ADDRESS						
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										
SIGNATURE: July Hully FATMIR ZULBEARI 11/14/06 239-277-0064 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destring Pront F										
_,	SIGNATURE AND TYPED OR I	PRINTED NAME OF SIGNING OFFICER	OR DIREC	TOR		Date	Dayte	me Phone #		