

FROM : MW

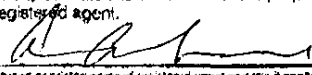
FAX NO. : 5614958197

Oct. 27 2004 01:35PM P2

2004 FOR PROFIT CORPORATION REINSTATEMENT

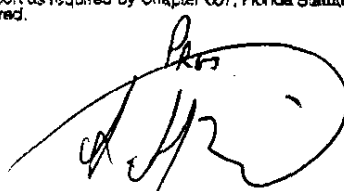
APPROVED
AND
FILED

04 NOV 23 PM 1:05

DOCUMENT # P03000120537					
1. Entity Name JOSEPH'S RESTAURANT, INC.					
Principal Place of Business 6418 LAKE WORTH RD. LAKE WORTH, FL 33463			Mailing Address 6418 LAKE WORTH RD. LAKE WORTH, FL 33463		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20 033 4256	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ABDIN, AMMAR 6418 LAKE WORTH RD. LAKE WORTH, FL 33463				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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 				DATE 11-19-04	
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
FILE NOW!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition	000042354790	
NAME	JULIEN, SAINTILMA	NAME		11/01/04--01059--002 **150.00	
STREET ADDRESS	6418 LAKE WORTH RD.	STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33463	CITY-ST-ZIP			
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	ABDIN, AMMAR	NAME			
STREET ADDRESS	6418 LAKE WORTH RD.	STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33463	CITY-ST-ZIP			
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	HAMDY, HUNADA	NAME			
STREET ADDRESS	6418 LAKE WORTH RD.	STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33463	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

S. L. N. D.



J. N. T.

10-28-04