

**2004 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Dec 01, 2004  
Secretary of State**

DOCUMENT# P03000156294

Entity Name: CTP RESTAURANT, INC.

**Current Principal Place of Business:**

520 N ORLANDO AVE SUITE 200  
WINTER PARK, FL 32789

**New Principal Place of Business:**

951 MARKET PROMENADE AVE  
LAKE MARY, FL 32746

**Current Mailing Address:**

520 N ORLANDO AVE SUITE 200  
WINTER PARK, FL 32789

**New Mailing Address:**

520 N ORLANDO AVE SUITE 250  
WINTER PARK, FL 32789

FEI Number: 20-1093389

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KOVAR, ERIC F  
520 N ORLANDO AVE SUITE 200  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KOVAR, ERIC F  
Address: 520 N ORLANDO AVE SUITE 200  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: KOVAR, PATRICIA R  
Address: 520 N ORLANDO AVE SUITE 200  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIC KOVAR

PRES

12/01/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date