# 2009 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Oct 07, 2009**
**Secretary of State**

DOCUMENT# P04000068029

**Entity Name:** ANGELO'S SEAFOOD RESTAURANT INC.

**Current Principal Place of Business:**

US HWY 98 AT OCHLOCKONEE BRIDGE
5 MASHES SANDS RD
PANACEA, FL 32346

**New Principal Place of Business:**

**Current Mailing Address:**

US HWY 98 AT OCHLOCKONEE BRIDGE
P.O. BOX 159
PANACEA, FL 32346

**New Mailing Address:**

**FEI Number: 59-2583926** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

PETRANDIS, JENNIFER
US HWY 98 AT OCKLOCKONEE BRIDGE
PANACEA, FL 32346 US

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

GREENE, CHARLES M
28 EAST WASHINGTON STREET
ORLANDO, FL 32801 US

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: CHARLES M. GREENE 10/07/2009
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: PD ( ) Delete
Name: PETRANDIS, THOMAS
Address: US HWY 98
City-St-Zip: PANACEA, FL 32346

Title: STD ( ) Delete
Name: PETRANDIS, JENNIFER
Address: US HWY 98
City-St-Zip: PANACEA, FL 32346

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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

Title: PD (X) Change ( ) Addition
Name: PETRANDIS, ANGELO
Address: P.O. BOX 159
City-St-Zip: PANACEA, FL 32346 US

Title: VP (X) Change ( ) Addition
Name: PETRANDIS, THOMAS
Address: P.O. BOX 159
City-St-Zip: PANACEA, FL 32346 US

Title: S ( ) Change (X) Addition
Name: PETRANDIS, JENNIFER
Address: P.O. BOX 159
City-St-Zip: PANACEA, FL 32346 US

Title: T ( ) Change (X) Addition
Name: PETRANDIS, ARLENE
Address: P.O. BOX 159
City-St-Zip: PANACEA, FL 32346 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ANGELO PETRANDIS PD 10/07/2009
Electronic Signature of Signing Officer or Director Date