PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 JAN 31 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000165436

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1. Corporation Name

Patinella's Chicken Grill, Inc.

REINSTATE 08 FEB 08 CR2E091 (12/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
10810 Plantation Shopping Ctr.	1783 Four Mile Cove Pkwy
Suite, Apt. #, etc.: #11	Suite, Apt. #, etc.: #211
City & State: Fort Myers	City & State: Cape Coral
Zip: 33912 Country:	Zip: 33990 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 3-24-05

5. FEI Number: 20-2744119 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Raymond L. Schumann
Street Address (P.O. Box Number is Not Acceptable): 3457 Bonita Bay Blvd
Suite, Apt. #, Etc.: 200
City: Bonita Springs State: FL Zip Code: 34134

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] Date: 1/30/08
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Shelly Patinella	1783 4 mile Cove Pkwy	Cape Coral, Fl 33990
VP	Jami Patinella	14910 Soaring Eagle Ct	Ft. Myers, Fl 33912

10. 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 contained in Chapter 119, 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] 1-30-08 2388505373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell JAN 31 2008