

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 19 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT
CR2E081 (12/07)

DOCUMENT # P05000135814

1. Corporation Name

T & L RESTURANT, INC

2. Principal Office Address - No P.O. Box #

14865 SW 36TH STREET

Suite, Apt. #, etc.

City & State

DAVIE, FLORIDA

Zip

Country

BROWARD

3. Mailing Office Address

14865 SW 36TH STREET

Suite, Apt. #, etc.

City & State

DAVIE, FLORIDA

Zip

Country

33331

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

10/04/2005

5. FEI Number

NONE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

THOMAS PEPPACENO

Street Address (P.O. Box Number is Not Acceptable)

14865 SW 36TH STREET

Suite, Apt. #, Etc.

City

DAVIE, FLORIDA

State

FL

Zip Code

33331

☒ 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

Thomas Peppaceno

REGISTERED AGENT MUST SIGN

Date 3-11-2008

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
President	THOMAS PEPPACENO	14865 SW 36TH STREET	DAVIE, FLORIDA 33331
Vice President Treasurer	LINDA PEPPACENO	14865 SW 36TH STREET	DAVIE, FLORIDA 33331

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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:

Linda Peppaceno

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-11-2008

Daytime Phone #

954
474-5167