

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000119408



1. Entity Name
STEFAN'S ITALIAN RESTAURANT, INC.

Principal Place of Business
12220 ATLANTIC BLVD.
114
JACKSONVILLE, FL 32225

Mailing Address

12220 ATLANTIC BLVD.
114
JACKSONVILLE, FL 32225

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ISAAC, BRETT
5917 BEACH BLVD.
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name *Fuadja Delic*

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

City *S146 Park St*

City *Jacksonville* FL Zip Code *32205*

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 *Fuadja Delic*

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE *11/10/08*

FILE NOW!! **FEES IS \$750.00**
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME LIKA, STEFANAQ
STREET ADDRESS 2261 CAVALRY BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32246

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition
400138436654
12/04/08-01020-003 **750.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: *Stefanya Lika*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/10/08

2/2008

FILED
08 DEC -4 PM 3:54
FLORIDA DIVISION
OF CORPORATIONS
TALLAHASSEE, FLORIDA

