PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUL -9 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P3000063383

1. Corporation Name

CO TI Restaurants USA, Inc.

Principal Place of Business	Mailing Address
2419 S. Hiawassee Road Ste 202 Orlando, FL 32835	

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	2419 S. Hiawassee Suite, Apt. #, etc. Ste 202
City & State	City & State Orlando, FL
Zip / Country	Zip: 32835 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 9/7/93

5. FEI Number: 59-3211277 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSTD	Giuliano Cortelletti	2419 S. Hiawassee Rd Ste 202	Orlando, FL 32835
D	Ingeborg Cortelletti	2419 S. Hiawassee Rd Ste 202	Orlando, FL 32835
D	Michael Cortelletti	2419 S. Hiawassee Rd Ste 202	Orlando, FL 32835

REINSTATEMENT 97-98 FS
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****928.00 ****928.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Karen West 501 Main Street Windermere, FL 34786	Name: Giuliano Cortelletti Street Address (P.O. Box Number is Not Acceptable): 2419 S. Hiawassee Rd Suite, Apt. #, Etc.: Ste 202 City: Orlando / State: FL / Zip Code: 32835

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Giuliano Cortelletti Date: 06/30/98
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Giuliano Cortelletti Date: 06/30/98 Daytime Phone #