

10f2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 AUG -4 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000030592

1. Corporation Name

Astro's Quality Sandwiches, Inc.

**REINSTATEMENT** 02-04

100039539071  
07/26/04--01075--007 \*\*600.00

2. Principal Office Address

1213 Franklin Dr.

3. Mailing Office Address

3751 C South Nova Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Orange, FL

City & State

Port Orange, FL 32119

Zip

32119

Country

US

Zip

32119

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

5-1-94

5. FEI Number

59-3241684

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

Nicholas DeSantis

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

1213 Franklin Dr

Suite, Apt. #, Etc.

City

Port Orange,

State

FL

Zip Code

32119

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

*N. DeSantis*

Date 7-20-04

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
PSTD	Nicholas DeSantis	1213 Franklin Dr.	Port Orange, FL 32119

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 under section 119.07(3)(i), 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:

*N. DeSantis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/04

Date

386-785-3163

Daytime Phone #

CR2E081 (01/04)

2 of 2

*Mark S. Topol & Co.*  
*Certified Public Accountants, P. A.*

808 Dunlawton Ave., Suite 4  
Port Orange, FL 32127  
(386) 761-7841

July 12, 2004

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJECT: ASTRO'S QUALITY SANDWICHES, INC.  
FEI Number: 59-3241684

To Whom It May Concern:

Per our client, Nicholas DeSantis, President of Astro's Quality Sandwiches, Inc., we are writing this letter regarding the reinstatement for the following corporation: Astro's Quality Sandwiches, Inc. Our client never received a renewal notification or a dissolution letter.

Attached are the reinstatement application and a check in the amount of \$600.00 for the reinstatement fee.

If you have any questions please call me.

Thank-you,  
Katrina Good