

P95000042981

PREMIER PERSONNEL ADMN.
2187 LOGAN STREET
CLEARWATER, FL 34625
(813) 443-7771

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

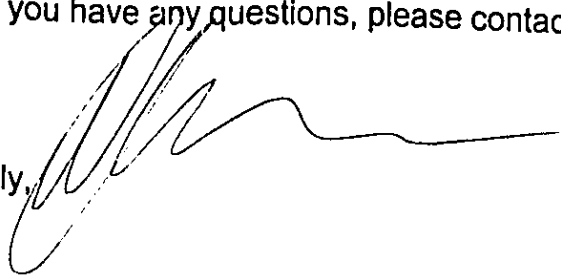
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***122.50 ***122.50

Dear Sir,

Enclosed are the Articles of Incorporation documents for
SAVELLA'S TOWNHOUSE RESTAURANT INC. which we wish to
incorporate.

Also enclosed is a check in the amount of \$122.50 for the various
fees. If you have any questions, please contact us.

Sincerely,



5/26/95 PM 2:16

WJW

**ARTICLES OF INCORPORATION
OF
SAVELLA'S TOWNHOUSE RESTAURANT INC.**

55 MAR 25 PM 2:17

The undersigned natural person, for the purpose of forming a corporation under the Florida Business Corporation Act, does hereby adopt the following Articles of Incorporation:

ARTICLE I

The name of the corporation is SAVELLA'S TOWNHOUSE RESTAURANT INC. which is a Florida Corporation.

ARTICLE II

The principal place of business and mailing address of the corporation shall be: 2187 Logan Street

Clearwater, FL 34625

ARTICLE III

The corporation shall have perpetual existence.

ARTICLE IV

This corporation is organized for the general purposes and all lawful business permitted under the laws of the United States and of the State of Florida.

ARTICLE V

The corporation is organized to issue a total of 100 shares. Such shares shall be of single class and have no par value.

ARTICLE VI

All issued stock shall be held of record by not more than ten persons or entities and shall be issued and transferable only to persons or entities who are not non-resident alien.

ARTICLE VII

Stockholders of the corporation shall have the preemptive right to subscribe to any and all additional issues of stock of the corporation.

ARTICLE VIII

The street address of the initial registered office of the corporation is 2187 LOGAN STREET Clearwater, FL 34625 and the name of the initial registered agent at the address is Nick Kyprianou.

ARTICLE IX

The initial board of directors shall be comprised of the following:

NICK KYPRIANOU

ARTICLE X

The name and address of the incorporator of the corporation is:

NICK KYPRIANOU
2187 LOGAN STREET
CLEARWATER, FL 34625


INCORPORATOR

6-17-95

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: **SAVELLA'S TOWNHOUSE RESTAURANT INC.**
2. The name and address of the registered agent and office is: **Nick Kyprianou
2187 Logan Street Clearwater, FL 34625**

SIGNATURE _____

TITLE _____

DATE 5/24/95

Having been named registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

SIGNATURE _____

DATE 5/25/95

I, HEREBY CERTIFY, that on this day personally appeared before me, an officer duly authorized to administer oaths, Nick Kyprianou, to me personally known to be the individual described in and produced a drivers license as identification.

WITNESS my hand and official seal at Clearwater, said county and state this 25 th day of May, 1995.

My commission expires:



"OFFICIAL SEAL"
Marguerite Tsangarinos
My Commission Expires 5/4/99
Commission #CC 459641

SIGNATURE _____

PRINTED _____

Marguerite Tsangarinos
Marguerite Tsangarinos

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P95000042981

1 Corporation Name

SAVELLA'S TOWNHOUSE RESTAURANT, INC.

Principal Place of Business
2187 Logan Street
Clearwater, FL 34625

Mailing Address

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

2 New Principal Office Address, If Applicable
4601 - 66th Street N.
Suite, Apt. #, etc.

3 New Mailing Address, If Applicable
4601 - 66th Street N.
Suite, Apt. #, etc.

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

Zip
33709

Country
USA

Zip
33709

Country
USA

4 Date Incorporated or Qualified
To Do Business in Florida
May 26, 1995

5 FEI Number
59-3317427

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)

1 Titles	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P/S	ANTONIS SAVVA	4601 - 66th Street N.	St. Petersburg, FL 33709

8. Name and Address of Current Registered Agent

Nick Kyprianou
2187 Logan Street
Clearwater, FL 34625

9. Name and Address of New Registered Agent

Name
Stavros Tingirides, Esquire
Street Address (P.O. Box Number is Not Acceptable)
800 North Belcher Road
Suite, Apt. #, Etc.
Suite 4
City
Clearwater, FL
State
FL
Zip Code
34625

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

Date September 12, 1996

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. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-96 (813) 546-8969

Date

Daytime Phone #

FILED

96 SEP 13 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-10/16/96--01005--010
****383.75 ****383.75
DO NOT WRITE IN THIS SPACE

REINSTATEMENT

1996

9-13-96

mwb
9-19-96

CR2E040 (12/95)