

PLEASE

INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000063285

1. Corporation Name

E.S.L. RESTAURANT INC.

Principal Place of Business

Mailing Address

7100 FAIRWAY DRIVE
PALM BEACH GARDENS, FL. 33418

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

2. New Principal Office Address, If Applicable

7100 FAIRWAY DR

Suite, Apt. #, etc.

BAY 50151

City & State

PALM BEACH / FLA.

Zip

33418

Country

U.S.A.

3. New Mailing Office Address, If Applicable

7100 FAIRWAY DR

Suite, Apt. #, etc.

SUITE 50151

City & State

PALM BEACH GARDENS FL

Zip

33418

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

8/15/95

5. FEI Number

65-0618172

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
D PRESIDENT	SALVATORE E. LENA	9115 GREENMEADOWS WAY	Palm Beach Gardens FL 33418
D U-P	EMANUELE LENA	9115 GREENMEADOWS WAY	Palm Beach Gardens FL 33418

300002811213--1

-03/18/99--01099--003

***1000.00 ***1000.00

300002811213--1

-03/18/99--01099--004

****200.00 ****200.00

8. Name and Address of Current Registered Agent

SALVATORE E LENA
9115 GREENMEADOWS WAY
PALM BEACH GARDENS FL 33418

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 AgentSALVATORE E. LENA
REGISTERED AGENT MUST SIGN

Date

3/9/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.Yes ☒ No ☐(See other side for information
on intangible tax)

12. 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: (X)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SALVATORE E. LENA

Date

3/9/99

Daytime Phone #

(561)
694-8184

CH2E081 (12/98)