

09/28/04 90001 021 *550.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -3 AM 8:00

DOCUMENT # P95000063285

1. Corporation Name

ESL Restaurant INC
7100 Fairway Dr Bay 50/51
Palm Beach FL 33418

REINSTATEMENT 03-04

2. Principal Office Address

7100 Fairway Dr

Suite, Apt. #, etc.

Bay 50/51

City & State

Palm Beach Gardens FL

Zip

33418

Country

USA

3. Mailing Office Address

7100 Fairway Dr

Suite, Apt. #, etc.

Bay 50/51

City & State

PB G FL

Zip

33418

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/15/95

5. FEI Number

65-0618172

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

Salvatore Lenc

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

7100 Fairway Dr Bay 50/51

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33418

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/10/04

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
Pres	<u>Salvatore Lenc</u>	<u>6086 Adams St Jupiter FL 33458</u>	<u>Jupiter FL 33458</u>
VP	<u>Emanuela Lenc</u>	<u>17967 Bridle Ct</u>	<u>Jupiter FL 33478</u>

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12/03/04--01033--017 **350.00

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/10/04

Daytime Phone #

CR2E081 (01/04)