

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 # P95000079293

1. Corporation Name

MAIN ST. DEZI, INC.
MAIN STREET DEZI, INC.

Principal Place of Business

Mailing Address

TEXAS PETES CANTINA & GRILL
152

P.O. BOX 818
ALACHUA FL. 32615

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

2. New Principal Office Address, If Applicable

152 N. MAIN ST.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. BOX 818
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

6/6/96

5. FEI Number

59-3349304

Applied For

Not Applicable

City & State

ALACHUA, FL.

City & State

ALACHUA FL

Zip

32615

Country

USA.

Zip

32615

Country

USA.

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRES.	SHAWN MAZZERLE	3606 SW. 31ST DR. 18B	GAINESVILLE FL. 32608
VICE PRES.	GARY SLOWINSKI	2841 W. UNIVERSITY AVE.	GAINESVILLE FL. 32607
SEC.	GARY SLOWINSKI	2841 W. UNIVERSITY AVE.	GAINESVILLE FL. 32607
TREAS.	SHAWN MAZZERLE	3606 SW 31ST DR. 18B	GAINESVILLE FL. 32608
			900002270209--7 -08/18/97--01129--015 *****915.00 *****915.00
			900002270209--7 -08/18/97--01129--016 *****915.00 *****915.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name	SHAWN MAZZERLE		GARY SLOWINSKI	
	Street Address (P.O. Box Number is Not Acceptable)			
	3606 SW. 31ST DR. AVE.			
	Suite, Apt. #, Etc.			
City	GAINESVILLE FL.		State	FL
			Zip Code	32607

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

[Signature]

REGISTERED AGENT MUST SIGN

Date July 21 97

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 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]

GARY L. SLOWINSKI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 July 97

Date

904 462 9616

Daytime Phone #

FILED

97 AUG 13 AM 8:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

AD
96-97

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