

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P95000082860**

1. Corporation Name
FLYERS WINGS & GRILL, INC

300003493223--3
-12/11/00--01032--017
****750.00 ****750.00

2. Principal Office Address
5621 WEST COLONIAL DR

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO, FLORIDA

City & State

Zip
32808

Country
ORANGE

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida **10/30/1995**

5. FEI Number
59-3340661

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
MATTIOLI MILLIE

Street Address (P.O. Box Number is Not Acceptable)
5621 WEST COLONIAL DRIVE

Suite, Apt. #, Etc.

City
ORLANDO

State
FL

Zip Code
32808-7613

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 **Millie Mattioli**
REGISTERED AGENT MUST SIGN

Date **11/16/00**

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
PV	MATTIOLI, MILLIE	5621 WEST COLONIAL DRIVE	ORLANDO, FLORIDA 32808-7613
TS	MATTIOLI, FRANK	5621 WEST COLONIAL DRIVE	ORLANDO, FLORIDA 32808-7613

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 provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **FRANK MATTIOLI**
Frank Mattioli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11-07-00**

Daytime Phone # **407-297-9464**

CR2E081 (9/99)