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and the second sec		APPROVED
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	02 OCT -2 AM 8: 42 SECRETARY OF STATE
DOCUMENT # P96 00000805 1. Corporation Name		SECRETARY OF STATE TAILAHASSEE. FLORIDA 3000082884534 -10/09/0201058015 ******8.75 ******8.75
Matteo & Astredu Restaurant, Inc.		
2. Principal Office Address 9531 Harding Ale	3. Mailing Office Address 9581 Harding Alenus	3000082884534 -10/09/0201058016 ***1115.00 ***1115.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified
City & State Sur PSIde, FL Zip Country	City & State Surfside, FL Zip Country	To Do Business in Florida OB(23) 5. FEI Number Applied For 65 - 0656669 Not Applicable
33154 Migni-Dade	33154 Miane Inde	OF DIFICIAL OF OTATILO OF OLDER NY VOLUS AUGINONAL FEE FERNING
Kavi Bata Street Address (P.O. Box Number is Not Acceptable) 18260 N.E. 19th Avenue, Suite 202 Suite, Apt. #, Etc.		
city N. Miani Beach FL 33162		
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 Date D91(30)2002		
	f/or Director (Florida nonprofit corporations must list at le	
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Preside Matter Chiuffreda 2025 NE N.Miam B		Notreet N. Miani Beach, FL 33162
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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 stall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		
MATTED GIUFFREDA		

Rosenfeld & Stein, P.A.

Attorneys and Counselors at Law

Alexander M. Rosenfeld *+ Certified Creditor Rights Specialist Allan M. Stein Ravi Batta *Also Admitted in New York +Certified by the American Board of Certification

18260 N.E. 19th Avenue Suite 202 North Miami Beach, Florida 33162 Phone: 305-940-8080 Facsimile: 305-945-5198 Email: alex@lawyer4u.com

September 30, 2002

Department of State Division of Corporation P.O. Box 6327 Tallahassee, Florida 32314

Re: Matteo & Alfredo Restaurant, Inc.

Dear Madam/Sir:

Attached is a completed application for the reinstatement of the above corporation along with a check for the sum of \$1,115.00. I ask that this company be reinstated and that the Department provide the undersigned with a certificate of status. An additional check for the sum of \$8.75 for the issuance of this certificate has been included. Please mail a certificate in the enclosed envelope to Ravi Batta, Esq., Rosenfeld & Stein, P.A., 18260 N.E. 19th Avenue, Suite 202, North Miami Beach, Florida 33162.

My client never received notification renewal from Secretary of State. This has just been brought to my client's attention by my attorney. The accountant that filed the incorporation papers inadvertently listed an incorrect address in Key Biscayne in place my then current address in Boca Raton. My client has not been at the Boca Raton address around April 1996.

As required by you, this letter has been read and is signed by my client.

Thank you again for your assistance in this matter. Of course, should you have any questions, please do not hesitate to contact the undersigned.

Very truly yours,

Ravi Batta Rosenfeld & Stein, P.A.

By: Matteo Giuffreda, President Matteo & Alfredo Restaurant, Inc