PLEA	SE READ AL	L INSTRUCTIONS	BEFORE C	COMPLETING	THIS FOR	 RM
APPLICATION FOR		FLORIDA DEPARTMEN Sandra B. Mor	NT OF STATE	FILED		••••
REINSTATEMEN	Г	Secretary of S	itate BATIONS (8 MAY 22 PM	$8:\Omega p$	
DOCUMENT #	P960000	19378	•	1		
1. Corporation Name LIOTTA'S OF BOCA INCORPORATED				SECULAR SEC	ra Onida	
Principal Piace of Business 7000 W PALMETTO PARK RD. SUITE 400 BOCA RATON FL 33433		Malling Address 7000 W PALMETTO PARK RD. SUITE 400 BOCA RATON FL 33433				
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable						
1255 W.Atlantic Blvd.		2045 Lakeshore Blvd.W.		Date Incorporated To Do Business In	or Qualified Florida	03/01/1996
C-1 Administration Bldg		Suite, Apt. #, etc. Suite 4203		5. FEI Number		Applied For
		ity & State oronto, Ontario		65 - 0653737		Not Applicable \$8.75 Additional Fee required
Zip Country 33069 USA		8V 2Z6 Can	a d a	CERTIFICATE OF ST	ATUS DESIRED	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) Name of Officers Street Address of Each						
Title(s) and/or Directors		3 (Do NOT Us	Officer and/or Director		City	/ State / Zip
PRES John Liott	3240 N.E.	11th Stre	et #205 Po	mpano Be	ach,Fla.33062	
V.P. Salvadore Liotta		3240 N.E.	3240 N.E.11th Street #205 Pompano Beach, Fla.330			ach,Fla.33062
					00254 -06703798 ****900.0	U1041n10
REINSTATEMENT 97-98						
					565-	29-98
8. Name and Address of Current Registered Agent Name				9. Name and Addres		ed Agent
GARELLEK, STEVEN				O. Box Number is Not A	Accenteble)	(89)
SHITE 400			Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
BOCA RATON FL 33433						
10 heing appointed the registers	d point of the phase to	and corporation on to villa view	•	V-V) F	tate Zip Code
10. I, being appointed the registered agent of the about the employment corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date Signature of Registered Agent						
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No No No No No No No Intangible tax.)						
12.1 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 filling 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: JOHN LIOTTA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #						