

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 NOV 22 AM 9:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000050723

1. Corporation Name

FLYERS WINGS & GRILL OF LAKE MARY, INC

2. Principal Office Address

3689 LAKE EMMA ROAD

Suite, Apt. #, etc.

STORE G-2

City & State

LAKE MARY, FLORIDA

Zip

32746

Country

SEMINOLE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

6/13/1996

5. FEI Number

59-3383305

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

TRISCARI, CONNIE

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

3689 LAKE EMMA ROAD

Suite, Apt. #, Etc.

STORE G-2

City

LAKE MARY

300003493023-7

12/11/00-01025-002

****750.00 ****750.00

State

FL

Zip Code

32746

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

Connie Triscari

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
TS	MATTIOLI, FRANK	3689 LAKE EMMA ROAD STORE G-2	LAKE MARY FLORIDA 32746
P	TRISCARI, CONNIE	3689 LAKE EMMA ROAD STORE G-2	LAKE MARY FLORIDA 32746
V	MATTIOLI, MILLIE	3689 LAKE EMMA ROAD STORE G-2	LAKE MARY FLORIDA 32746

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.

FRANK MATIOLI

SIGNATURE:

Frank Mattioli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-07-00

Date

407-297-9464

Daytime Phone #