


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hoed
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

04 JUL 28 PM 12:07
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000076176**

1. Corporation Name
RENATO'S GRILL, INC.

Principal Place of Business Mailing Address
 3720 S.E. OCEAN BOULEVARD 3720 S.E. OCEAN BOULEVARD
 SEWELLS POINT FL 34996 SEWELLS POINT FL 34996



988

REINSTATEMENT 03-04

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/13/1996	
City & State		City & State		5. FEI Number	
				65-0701088	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				<input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status <input type="checkbox"/> Not Applicable	

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MAIRA, GIUSEPPINA A	111600 LANSEND CHASE	PORT ST. LUCIE FL 34986
D	MAIRA, RENATO A	11100 LANSEND CHASE	PORT ST. LUCIE FL 34986
			800038245158 06/24/04--01075--001 **150.00
			800038245158 08/10/04--01046--004 **150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MAIRA, RENATO 558 S.W. RAY AVENUE PORT ST. LUCIE FL 34983		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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. or 617.0505, F.S.

Signature of Registered Agent *[Signature]* Date 6/16/04
 REGISTERED AGENT MUST SIGN

11. 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]* GIUSEPPINA MAIRA Date 6/16/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (7/03)