


1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS W060000000614	
DOCUMENT # P9600007702-1			
1. Corporation Name Laki's Restaurant, Inc.			
2. Principal Office Address 3405 SW College Rd Suite, Apt. #, etc. 105/107 City & State Ocala, Florida Zip 34474 Country US		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida 9/19/96	
		5. FEI Number 59-3420345 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Maria Angelidakis			
Street Address (P.O. Box Number is Not Acceptable) 3275 SE 11th Ter			
Suite, Apt. #, Etc.			
City Ocala		State FL	Zip Code 34471
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 <u>Maria Angelidakis</u> Date <u>12-29-05</u> REGISTERED AGENT MUST SIGN			
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
Pres	Balis Angelidakis	3275 SE 11th Ter	Ocala, FL 34471
ST	Maria Angelidakis	3275 SE 11th Ter	Ocala, FL 34471
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 shall have the same legal effect as if made under oath.			
SIGNATURE: <u>Maria Angelidakis</u>		Date <u>12-29-05</u>	Daytime Phone # <u>352-237-3090</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED

06 FEB 20 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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02/24/06--01017--008 \*\*\*1350.00

REINSTATEMENT

CR2E081 (8/05)

02-06

State  
FL

Zip Code  
34471

2092

## Shumacker, Johnston & Ross, PA

Certified Public Accountants

J. Cecil Shumacker, CPA  
Robert E. Johnston, CPA (1982-2001)  
W. Chet Ross, CPA

American Institute of  
Certified Public Accountants

Florida Institute of  
Certified Public Accountants

December 27, 2005

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Laki's Restaurant, Inc.  
Annual report – 2002, 2003, 2004, & 2005

To Whom It May Concern:

Enclosed is an application for reinstatement and a check for \$ 600 to bring Laki's Restaurant, Inc. up-to-date with the annual report filings but respectfully requests a waiver of penalty.

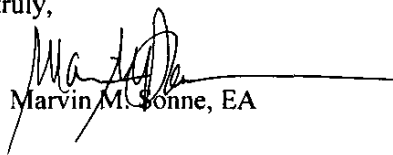
Laki's Restaurant was shut down for approximately 2 years, between 2001 and 2003, and during that period the mailing address of the corporation had changed and forwarding order expired. In addition, one of the two shareholders had become ill and the annual report and fees were inadvertently overlooked.

Laki's Restaurant, Inc. and its owners have every intention of being model and law abiding citizens but due to circumstances somewhat beyond their control, this delinquency occurred.

Your consideration of this request for waiver is greatly appreciated. Would you please forward your favorable reply to my office once completed.

Thank you very much for your prompt attention to this matter.

Yours truly,

  
Marvin M. Sonne, EA