

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

FILED

98 DEC 17 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000098249

1. Corporation Name

GIANOS RESTAURANT, INC.



Principal Place of Business	Mailing Address
510 NE 125TH STREET MIAMI FL 33161 4227 Hollywood Blvd Hollywood FL 33021	510 NE 125TH STREET MIAMI FL 33161 4227 Hollywood Blvd Hollywood FL 33021

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. 4227 Hollywood Blvd	Suite, Apt. #, etc. 4227 Hollywood Blvd	12/05/1996
City & State Hollywood FL	City & State Hollywood FL	5. FEI Number
Zip 33021	Country USA	65-0718333
		Applied For
		Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required 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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	GIANOS, JAMES	4500 TAYOR STREET	HOLLYWOOD FL 33021
VD	GIANOS, GEORGE	841 NE 205 STREET	NORTH MIAMI BEACH FL 33179

REINSTATEMENT

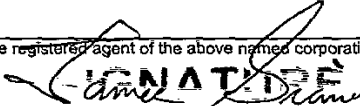
12/18/98

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12/23/98 01040-001

***750.00 ***750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
GIANOS, JAMES 510 NE 125TH STREET MIAMI FL 33161	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code
	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.
Signature of Registered Agent  REGISTERED AGENT MUST SIGN
Date 12/12/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(See other side for information on intangible tax.)
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12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	12/12/98 (954) 893-8930
	Date Daytime Phone #

CR2E040 (9/98)