

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 OCT 29 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000099091

1. Corporation Name

Pasta Restaurants of NFL, Inc.

2. Principal Office Address

1938 N. Woodlawn

Suite, Apt. #, etc.

Suite 400

City & State

Wichita, KS

Zip

67208

Country

Sedgwick

3. Mailing Office Address

1938 N. Woodlawn

Suite, Apt. #, etc.

Suite 400

City & State

Wichita, KS

Zip

67208

Country

Sedgwick

REINSTATEMENT 09

4. Date Incorporated or Qualified  
To Do Business in Florida

12/5/96

5. FEI Number

43-1770288

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

Michael Taylor

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

2924 Creekwood Dr.

Suite, Apt. #, Etc.

City

Cantonment

State

FL

Zip Code

32533

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

*Mike Taylor*

Date 10/21/04

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. Director	Brenda J. Butler	1938 N. Woodlawn, Ste. 400	Wichita, KS 67208

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:

*Brenda J. Butler*

10/21/04

316/634-3306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Brenda J. Butler, President

Date

Daytime Phone #

CR2E081 (10/02)