

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM  
FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 AUG 21 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P96000099091

**1. Corporation Name**

Pasta Restaurants of NFL, Inc.

000022620790  
08/28/03--01003--009 \*\*1358.75

**REINSTATEMENT** 99-03

**2. Principal Office Address**

9323 E. 37th St. North

Suite, Apt. #, etc.

City & State

Wichita, KS

Zip

67226

Country

Sedgwick

**3. Mailing Office Address**

9323 E. 37th St. North

Suite, Apt. #, etc.

City & State

Wichita, KS

Zip

67226

Country

Sedgwick

**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 Drive

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

*Michael Taylor*

Date 8/20/03

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. Dir.	Brenda J. Butler	9323 E. 37th St. North	Wichita, KS 67226

**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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Brenda J. Butler President/Director

8/20/03

Date

316/634-3350

Daytime Phone #

CR2E081 (10/02)

7/2/21