PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000036103

1. Corporation Name

ANDREW'S ITALIAN KITCHEN, INC.

FILED

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PALLAHASSEE JEROFINA

ANDREW STALIAN RITCHEN, INC.				-ryinesoccille	ORIDA	
Principal Place of Business	Mailing Address				·	
= 1449_VILLAGE: GREEN: DRIVE =	1449 VILLAGE GREEN DRIVE PORT ST LUCIE FL 34952					
			Francis Re	CTATEAN	ent m))
If above addresses are incorrect in any way, line three			 	STATEMI	ENI OFC	<u> </u>
2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If	ing Office Address, If Applicable AS ABOUT		4. Date Incorporated or Qualified To Do Business in Florida 04/20/1998		
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number		Applied Fo	<u>-</u>
City & State	City & State		<u> </u>	65-0839192	Not Applic	able
Zip ~/A Country	Zip V/p Country	W/A-	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee rec for a Certificate of Sta	
7. Names and Street Addresses of Each Officer and/						
Title(s) 1 Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
P/UP SESTA, ANDREW C	2513 SW CHES	2513 SW CHESTNUT LANE		PORT ST LUCIE FL 34953		
ST SESTA, MICHELLE 1		-2513 SW CHESTNITE LANE		PORT ST LUCIE FL 34953		
			2	0000333 -0470370	53262 101063014	
				****750	<u>nn ****750.0</u>	10
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				-04/03/0	101063015	
				****150.	00 ***150.0	<u>u</u>
8. Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent			
SESTA, ANDREW C	Street Address (P.O. Box Number is Not Acceptable) Suite And If Elec.					
1449 VILLAGE GREEN DRIVE		Suite, Apt. # Etc.				
PORT ST LUCIE FL 34952	0	Suite, Apr. #, Etc.	•			
	V	cityOSL	1		State Zip September 5	?.
10. I, being appointed the registered agent of the abo	ove named corporation, am familiar w	ith and accept the ol	bligations of Section	on 607.0505, F.S.	. ,	
Signature of Registered Agent RE	EGISTERED AGENT MUST SIGN)		Date _3//	10/8	_ -
• //					· · · · · · · · · · · · · · · · · · ·	
11. I certify that I am an officer or director or the receive this reinstatement application, the reason for disso owed by the corporation have been paid and the root this application is true and accurate, and my sign.	plution has been eliminated, the corporation has been eliminated, the corporation has been eliminated in this for	orate name satisfies m do not qualify for	the requirements an exemption und	of section 607.0401 or 6	317.0401, F.S., that all fees	š
on this application is the and accurate, and thy sig	gradure strait have the same regal en	cor as il made dildei	Jam.			Ì
(Shareda)		SI 17 10 10		0/4/	1) mo ==	.
SIGNATURE: SUSTINITIES AND TYPED OR PRI	NTED NAME OF SIGNING OFFICER OR	DIRECTOR		5/18/0/ 5	561 510-25 Daysime Phone #	67.