PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT#	DO	Cl	JM	El	N.	Γ#
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P98000047971

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

1. Corporation Name

POPELLI'S, INC.

Principal Place of Business

1704 CLEARWATER LARGO ROAD CLEARWATER EL 33756

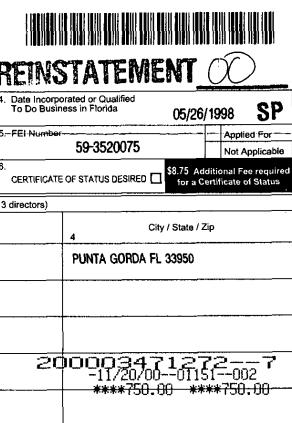
2. New Principal Office Address, If Applicable

Mailing Address

1704 CLEARWATER-LARGO ROAD CLEARWATER FL 33756

3. New Mailing Office Address, If Applicable

FILED 00 OCT 30 PM 2: 57 SECRETARY OF STATE TALLAHASSEE, FEORIDA



Surte, Apt. #		2118 WY OUT	Grese	-5FEI Number	· · · · · · · · · · · · · · · · · · ·	Applied For			
City & State				1	59-3520075	Not Applicable			
Pun	for Gordon, F/	Punta Gorda		6.	00.75				
^{Zip} 33	950 ElisA	Zip 33950 Country	A	CERTIFICATE		Additional Fee required a Certificate of Status			
7. Names a	nd Street Addresses of Each Officer and/o	or Director (Florida nonprofit corpora	tions must list at lea	ast 3 directors)					
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip				
P	POWELL, ROBERT D 2118 WYATT CIF		R		PUNTA GORDA FL 33950				
			<u></u>	20	00003471= -11/20/0001 ****750.00	727 151-002 ****750.00			
					**************************************	r*** 130,00°			
8. Name and Address of Current Registered Agent			Name and Address of New Registered Agent						
			Name		(-1	~			
CAROTENUTO, MARY			Street Address (P.O. Box Number is Not Acceptable)						
-3000-GULF-TO-BAY-BLVD.; SUITE 206			809 DAWID KIJ C						
CLEARWATER-FL 33759			Suite, Apt. #, Etc.						
	·		City		State	Zin Code			
			Cit C/ean	LIMIER		Zin Code プランファ			
10. I, being	appointed the registered agent of the about	ve named corporation, am familiar w	ith and accept the o	bligations of Sect	ion 607.0505, F.S.				
Signature of Registered Agent Date 10/24/00									
REGISTERED AGENT MUST SIGN									

11. 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 filling 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.