

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 FEB -2 PM 4:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000072624

1. Corporation Name

STEVE'S FAMILY DINER, INC.

2. Principal Office Address

2900 W. Washington Avenue

Suite, Apt. #, etc.

City & State

Titusville, Florida

Zip

32780

Country

Brevard

3. Mailing Office Address

2900 S. Washington Avenue

Suite, Apt. #, etc.

City & State

Titusville, Florida

Zip

32780

Country

Brevard

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

August 19, 1998 **SP**

5. FEI Number

59-3528310

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

STEVE TSOUKALAS

400003661514 -- 0

-02/08/01--01043--022

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

2900 S. Washington Avenue

\*\*\*900.00 \*\*\*900.00

Suite, Apt. #, Etc.

City

Titusville, FL

State

FL

Zip Code

32780

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

*Steve Tsoukalas*

REGISTERED AGENT MUST SIGN

Date February 1, 2001

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
PSD	Steve Tsoukalas	2900 S. Washington Avenue	Titusville, FL 32780
VPD	Stanley Tsoukalas	2900 S. Washington Avenue	Titusville, FL 32780

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:

*Steve Tsoukalas*

STEVE TSOUKALAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-01-01

Date

(321) 268-3011

Daytime Phone #

CR2E081 (9/00)