


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P98000072624</b>	
1. Entity Name <b>STEVE'S FAMILY DINER INC.</b>	

Principal Place of Business <b>2900 W. WASHINGTON AVENUE TITUSVILLE, FL 32780</b>	Mailing Address <b>2900 S. WASHINGTON AVENUE TITUSVILLE, FL 32780</b>
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	
<b>TSOUKALAS, STANLEY 2900 S. WASHINGTON AVENUE TITUSVILLE, FL 32780</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW!!! FEE IS \$150.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
<b>After January 1, 2007, Fee will be \$300.00</b>	


10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TSOUKALAS, STANLEY 2900 S. WASHINGTON AVENUE TITUSVILLE, FL 32780 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>10/10/24</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>[Signature]</i>	DATE: <i>10-16-06</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

**FILED**

**06 OCT 18 AM 11:21**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



09222006 REIN-P CR2E098 (11/05)

4. FEI Number  
**59-3528310** ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

10/18/06--01038--005 \*\*150.00

321-383-9150