PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PAGE U

**APPLICATION FOR** 



## - FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

P98000107286

1. Corporation Name

**DOCUMENT #** 

LENNY & VINNY'S OF SARASOTA, INC.

Principal Place of Business

Mailing Address

5204 DOWNING STREET DOVER FL 33527

5204 DOWNING STREET

. | 1481/1481 | 118 | 1510 | 1610 | 1610 | 1610 | 1610 | 1610 | 1610 | 1610 | 1610 | 1610 | 1610 | 1610 | 1610

00 OCT 20 PM 2: 00 the few

SECRETARY OF STATE SOLE of

DOVER FL 33527	I 10011001 IND 1001 IBIDS 1811 BRIS BRIS BRIS BRIS BRIS ISBN 10010 ISBN 10110 BIS IND
through incorrect information and enter correction below.	

New Principal Office Address, If Applicable 3. New Mailir			ng Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     01/01/1999			
Suite, Apt. #, etc. Suite, Apt. #,		etc.		5. FEI Numbe	r .	plied For		
City & State City & State					3559636	Not Applicable		
Zip		Country	Zip		Country	6. CERTIFICAT		5 Additional Fee required of a Certificate of Status —
7. Names a	and Street Ad	dresses of Each Officer a	nd/or Director (Flo	rida nonprofi	t corporations must list at le	east 3 directors)		
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3			City / State / Zip	
D	O'ROURKE, WILLIAM F			5204 DOWNING STREET			DOVER FL 33527	
					- A		00003446 -11701700 ****150.00	01035014
•	1			}				
Ş							78	00 ARS
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
٠		المارية المسترين			Name	<del></del>		
O'ROURKE, WILLIAM F 5204 DOWNING STREET DOVER FL 33527				Street Address (P.O. Box Number is Not Acceptable)				
			Suite, Apt. #, Etc.					
					City State Zip Code			Zip Code
10. I, being Signature o Registered	, 0	e registered agent of the a	REGISTERED AG	Ran	and accept the o	obligations of Sect	Date	- 7006
							apter 607 or 617, F.S. I further	

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.

11-16-2000 PASE 21 To whom it is mist I would, like to. the late feer waived, au I did have my May 1 of an: Form payment Portmarked on this date to avoid late feet That you ther matter into Con videvation in to Sinceal y Wille F. s Rah