

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 MAY 29 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P99000025375

**1. Corporation Name**

Main Street Diners, Inc.

**2. Principal Office Address**

1500 N. Federal Highway

Suite, Apt. #, etc.

Suite 200

City & State

Fort Lauderdale, FL

Zip

33304

Country

USA

**3. Mailing Office Address**

1500 N. Federal Highway

Suite, Apt. #, etc.

Suite 200

City & State

Fort Lauderdale, FL

Zip

33304

Country

USA

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-06/11/02--01095--020

\*\*\*1058.75 \*\*\*1058.75

**4. Date Incorporated or Qualified  
To Do Business in Florida**

March 18, 1999

**5. FEI Number**

35-2168388

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

**7. Name and Address of Current Registered Agent**

Name

Michael E. Christiansen

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

1500 N. Federal Highway

Suite, Apt. #, Etc.

Suite 200

City

Fort Lauderdale

State

FL

Zip Code

33304

8.25 - Cust  
900.00 - Adm  
61.25 - AR  
88.75 - ARS/APP

**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

REGISTERED AGENT MUST SIGN

Date 5-21-02

**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
P	Manuel Fagundes	2049 SE 17th Court	Pompano Beach, FL 33062-7619
VP, S	Donna Fagundes	2049 SE 17th Court	Pompano Beach, FL 33062-7619

REINSTATEMENT 06-02 TS

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

  
Donna Fagundes

Date

5/23/02

Daytime Phone #

(954) 566-1234

CR2E081 (9/01)