

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000080530

1. Corporation Name

VINYARD RESTAURANT, INC.

Principal Place of Business

Mailing Address

265 CAUSEWAY BLVD  
DUNEDIN FL 34698

265 CAUSEWAY BLVD  
DUNEDIN FL 34698

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

400 ISLAND WAY  
#1604  
CLEARWATER, FL  
33767 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/10/1999

5. FEI Number

59-3596995

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 - Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<del>SD</del>	<del>GEORGIOPOULOS, GEORGE</del>	<del>248 THE COASTHAWK ROAD</del>	<del>CLEARWATER FL 33765</del>
SD & PRES	TSETSEKAS, HARRIET	400 ISLAND WAY #1604	CLEARWATER FL 33767

000004719220-8  
-12/11/01--01075--021  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TSETSEKAS, HARRIET  
400 ISLAND WAY #1604  
CLEARWATER FL 33767

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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 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

Date

Daytime Phone #

10/22/01

727  
447-5307