

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 JUN 27 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000086421
1. Corporation Name
Bellissimos Family Restaurant, Inc.

100006256151--8
-07/08/02--01078--017
****750.00 ****750.00

2. Principal Office Address 2070 Palm Beach Lake Blvd Suite, Apt. #, etc.		3. Mailing Office Address 2070 Palm Beach Lake Blvd. Suite, Apt. #, etc.	
City & State West Palm Beach, FL		City & State West Palm Beach, FL	
Zip 33407	Country United States	Zip 33407	Country United States

4. Date Incorporated or Qualified To Do Business in Florida 9/27/99

5. FEI Number 65-0944469	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Kenneth F. Mata

Street Address (P.O. Box Number is Not Acceptable) 731 Genevo Ave

Suite, Apt. #, Etc. Palm Bay Tr.

City Palm Bay, FL **State** FL **Zip Code** 32909

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 *[Signature]* **Date** 6/25/02

REGISTERED AGENT MUST SIGN

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
Pres	Kenneth F. Mata	731 Genevo Ave	Palm Bay, FL 32909

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]* **Date** 6/25/02 **Daytime Phone #** 561-312-0003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



ACCOUNT NO. : 072100000032

REFERENCE : 642786 7341961

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : June 27, 2002

ORDER TIME : 11:41 AM

ORDER NO. : 642786-005

CUSTOMER NO: 7341961

CUSTOMER: Alex Arias, Corp Specialist
Brighton Financial Services,
Suite 203
13794 Northwest 4th Street
Fort Lauderdale, FL 33325

DOMESTIC FILINGS

NAME: BELLISSIMOS FAMILY RESTAURANT,
INC.

RECEIVED
02 JUN 27 PM 1:01
DIVISION OF REGISTRATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward, Ext. 1135
EXAMINER'S INITIALS _____