

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR 14 PM 3:11

DOCUMENT # *99 000101610*

1. Corporation Name

*FELBER RESTAURANT &
INVESTMENTS*

2. Principal Office Address

1803 F. WINTER PARK DR.

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

Zip

32803

Country

ORANGE

3. Mailing Office Address

1803 F. WINTER PARK DR.

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

Zip

32803

Country

ORANGE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59360-9291

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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

7. Name and Address of Current Registered Agent

Name

DOMINIC D'AMATO

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

8222 SAND POINT BLVD

Suite, Apt. #, Etc.

ORLANDO FL.

City

State

FL

Zip Code

32819

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]

REGISTERED AGENT MUST SIGN

Date

1/10/03

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
<i>RA</i>	<i>DOMINIC D'AMATO</i>	<i>8222 SAND POINT BLVD</i>	<i>ORLANDO, FL. 32815</i>
			<i>900014070079</i>
			<i>03/14/03 01007 015 **300.00</i>

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03

Date

407-647-3872

Daytime Phone #

CR2E081 (10/02)

FERBER RESTAURANTS AND INVESTMENTS INC.
D/B/A O'STROMBOLI ITALIAN RESTAURANT

1803 E. Winter Park Rd.
Orlando Fl. 32803
Phone 407-647-3872
DPDSOJ@CS.COM

JAW.
~~SEPTEMBER~~ 10, 2003

To Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32371

RE: Corporation Renewal

To Whom It May Concern,

I am requesting for reinstatement at the regular annual fee. I never received proper documentation for renewal from your office. I understand that it was mailed to the incorrect address. All the proper forms for change of mailing address was forwarded to your office from my attorney on April 30, 2001 with a \$35.00 fee. I called various times asking about the renewal form but was told that they were mailed out. Please see attached letters that were sent to your office.

Sincerely,
Dominic D'Amato