PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 SEP 18 AM 11:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S27365

1. Corporation Name

Omega Deli Restaurant, Inc.

W00000021814

REINSTATEMENT 93-0C

2. Principal Office Address		**3.** Mailing Office Address	
226 Berkshire Cr., W.		226 Berkshire Cr., W.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Longwood, FL 32779		Longwood, FL 32779	
Zip	Country	Zip	Country
32779	USA	32779	USA

4. Date Incorporated or Qualified To Do Business in Florida 1/25/1991

5. FEI Number 593050954 ☐ 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
Michael A. U. O'Quinn

200003409562--8
-09/29/00--01041--024
***1800.00 ***1800.00

Street Address (P.O. Box Number is Not Acceptable)
28 West Central Boulevard, Fourth Floor

Suite, Apt. #, Etc.

City	State	Zip Code
Orlando,	FL	32801

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 Michael O'Quinn Date 9.14.00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
D	Spiro Thanos	226 Berkshire Cr., W.	Longwood, FL 32779
D	Dino Thanos	226 Berkshire Cr., W.	Longwood, FL 32779
			KE

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: Dino Thanos 9-28-00 407-841-6674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #