

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 SEP 16 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 527365

1. Corporation Name

OMEGA DELI RESTAURANT, INC.

2. Principal Office Address

226 BERKSHIRE CR. W.

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

Zip

32779

Country

USA

3. Mailing Office Address

226 BERKSHIRE CIRCLE W.

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

Zip

32779

Country

USA

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

1/25/1991

5. FEI Number

59-3050954

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

DONNA L. BUNOLTZ, EA

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

208 RAMSBURY CT.

Suite, Apt. #, Etc.

City

LONGWOOD

State

FL

Zip Code

32779

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

Donna L. Bunoltz
REGISTERED AGENT MUST SIGN

Date

9/4/03

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
D	SPIRO THANOS	226 BERKSHIRE CIRCLE W.	LONGWOOD, FL 32779
D	GIORGIA THANOS	226 BERKSHIRE CIRCLE W.	LONGWOOD, FL 32779
D	PENED THANOS	226 BERKSHIRE CIRCLE W.	LONGWOOD, FL 32779

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

SPIRO THANOS

Date

9-4-03 (407) 841-6674

Daytime Phone #

CR2E081 (10/02)

9/16