APPLICATION FOR REINSTATEMENT DOCUMENT # V36394 1. Corporation Nume FAU RESTAURANT CORP. Principal Piece of Business SSM Opean DRIVE MIAMIGEACH FI, 33139 US If above addresses are incorrect in any way, line through Incorrect number of the State of Stat	PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.								
DOCUMENT # V36394 1. Corporation Name FAU RESTAURANT CORP. Mailing Address St Open Place of Brusiness Mailing Address St Open Address Mailing Address St Open Place of Brusiness Mailing Address St Open Decorption Name Fall Marks St Open Place of Brusiness Mailing Address St Open Place of Brusiness Mailing Address St Open Decorption Open Place of Brusiness A Open Incorptionable of Qualified Open Place of Brusiness A Open Incorptionable of Qualified Open Place of Brusiness A Open Incorptionable of Qualified Open Decorptionable of Qualifie		PLICATION FOR	FLORIDA	A DEPARTME Sandra B. Mo	NT OF STATI	T .		APPROVE(: AND FILED	
1. Corporation Name PAU RESTAURANT CORP. Mailing Address As Agrical DRIVE 1. Rev Principal Place of Business 1. See ManDSON Are STH P. 1. New Principal Cliffor Address, if Applicable 2. New Principal Cliffor Address, if Applicable 2. New Principal Cliffor Address, if Applicable 3. Centre India State Address of State Address o	REIN	ISTATEMENT CONTRACTOR	ם ביי	-		_	98	NOV 23 BH O	
Principal Place of Business EM OPEN DRIVE IMAN DEACH R, 20139 US IF TO FIRST F DECARTIND 400 MADISON ARE 5TH PL IF TO FIRST F DECARTIND 400 MADISON ARE 5TH PL IF TO FIRST F DECARTIND 400 MADISON ARE 5TH PL IF TO FIRST F DECARTIND 400 MADISON ARE 5TH PL IF TO FIRST F DECARTIND 400 MADISON ARE 5TH PL IF ADDRESS OF THE PROPERTY OF THE PLACE OF			94				SEC	RETARY OF OF	
SA OGEN DRIVE MINAL PEACH F. 33139 US NEW YORK NY 10022 US REW YORK NY 10022 US REW YORK NY 10022 US REW YORK NY 10022 US SUBJ Ap. 4 ct. Subj. Ap. 4 ct. Subj. Ap. 4 ct. Subj. Ap. 4 ct. Subj. Ap. 4 ct. NY Subj. Ap. 4 ct. Subj. Ap. 4 ct. NY Subj. Ap. 4 ct. NY Subj. Ap. 4 ct. Subj. Ap. 4 ct. NY Subj. Ap. 4 ct. Subj. Ap. 4 ct. NY Subj. Ap. 4 ct. Subj. Ap. 4 ct. Subj. Ap. 4 ct. NY Subj. Ap. 4 ct. Subj. Ap. 4 ct. Ny Subj. A							MLL	AHASSEE FLORIDA	
SET New York NY 1002 SET STATEMENT SET New York New	Principal Place of Business Mailing Address					-			
2. New Principal Office Address, if Applicable S. New Mailing Office Address, if Applicable Suffe, Apt. if, etc. Suffe, Apt. if, etc. Suffe, Apt. if, etc. N.Y. Applied For No. Ap	MIAMI BEACH FL 33139 488 MADI US NEW YOR US			SON AVE 5TH FL RK NY 10022				atet. a.a.s midit menti Sibil ladt	
Suite, Apt #, etc. City & State City & State City & State City & State Country Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Set Address of Each Street Address of Each City / State / Zip DP BUTI, TOMMASO 1410 W 25ST MIAMI BEACH FL DVP BUTI, FRANCESCO 2467 BRIDEALL AVE 2127 BRICKELL AVE 2127 BRICKELL AVE Street Address of New Registered Agent Name BUTI, FRANCESCO 2127 BRICKELL AVE, #501 MIAMI FL 33133 Suita, Apt. #, Etc. City State Address of Section 607 0505, F.S. Signature of Registered Agent Applications of Section 607 0505, F.S. Signature of Registered Agent Applications of Section 607 0505, F.S. Signature of Registered Agent Applications of Section 607 0505, F.S. Signature of Registered Agent Applications of Section 607 0505, F.S. Signature of Registered Agent Applications of Section 607 0505, F.S. Signature of Registered Agent Applications of Section 607 0505, F.S. Signature of Registered Agent Applications of Section 607 0505, F.S. Signature of Registered Agent Applications of Section 607 0505, F.S. Signature of Registered Agent Applications of Section 607 0505, F.S. Signature of Registered Agent Applications of Section 607 0505, F.S. Signature of Registered Agent Applications of Section 607 0505, F.S. Signature of Registered Agent Applications of Section 607 0505, F.S. Signature of Registered Agent Applications of Section 607 0505, F.S. Signature of Registered Agent Applications of Section 607 0505, F.S. Signature of Registered Agent Applications of Section 607 0505, F.S. Signature of Registered Agent Applications of Section 607 0505, F.S. Signature of Registered Agent Applications of Section 607 0505, F.S. Signature of Registered Agent Applications of Section 607 0505, F.S. Signatu	New Principal Office Address, If Applicable 3. New Mail			ing Office Address, If Applicable 4. Date In			orated or Qualified		
City & State City & State Country City & State Country City & State Certificate of Status Desired Certificate of Status Desired Certificate of Status Desired Certificate of Status Desired Title(s) Name of Officers Name of Officers Name of Officers Street Address of Each Name of Officers (Dity State Zip DP BUTI, TOMMASO 1410 W 2ST DITION BUTI, FRANCESCO Certificate of Status Certificate of Status Street Address of Carrent MIAMI BEACH FL DVP BUTI, FRANCESCO Certificate of Status Street Address of Carrent MIAMI BEACH FL City / State Zip Ave # 501 MIAMI BEACH FL 3 3 1 3 3 Certificate of Status Street Address of New Registered Agent Name Name Name Street Address of New Registered Agent Name Name Street Address of New Registered Agent Name Name Street Address of New Registered Agent Name Name Name Street Address of New Registered Agent Name Nam	Suite, Apt. #, etc. Suite, Apt.			*, etc.		-[
Country Zip OO 1 6 Country				/ 		1	65-0363893		
Name of Officers and/or Directors 3 (Do NOT Use Post Office Box Numbers) 4 City / State / Zip	Zip	Country	ZIP 1001	6 Countr	Š		OF STATUS DESIRED 🗹		
Title(s) 2 and/or Directors 3 (Do NOT Use Post Office and/or Directors) 4 City / State / Zip DP BUTI, TOMMASO 1410 W 25ST MIAMI BEACH FL DVP BUTI, FRANCESCO 2127 BRIDEALL AVE 2127 BRIDEALL AVE 501 MIAMI FL 33133 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name BUTI, FRANCESCO 2127 BRICKELL AVE, #501 MIAMI FL 33133 8. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 10. I, being appointed the registered Signit of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Number Sign 11. This corporation owes on has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for Information on Intangible tax.)	7. Names		or Director (Flori		· · · · · · · · · · · · · · · · · · ·				
DVP BUTI, FRANCESCO 2127 BRIDEALL AVE	Title(s)	and/or Directors	Officer and/or Director)Γ				
8. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent 9. Name and Address of New Registered Agent Name BUTI, FRANCESCO 2127 BRICKELL AVE., #501 MIAMI FL 33133 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State City State Registered Agent Negistered Agent Negistered Agent Negistered Agent Negistered Agent No Street Address (P.O. Box Number is Not Acceptable) 11. This corporation owes on has paid the current year Intangible Personal Property tax due June 30. Yes No Street Address (P.O. Box Number is Not Acceptable) State No State	DP	BUTI, TOMMASO		1410 W 25ST			MIAMI BEACH FL		
8. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name BUTI, FRANCESCO 2127 BRICKELL AVE., #501 MIAMI FL 33133 Suite, Apt. #, Etc. City State City Sta	DVP	BUTI, FRANCESCO		2127 BRICK ELL AVE \$50			MIAMI FL	33133	
BUTI, FRANCESCO 2127 BRICKELL AVE., #501 MIAMI FL 33133 Suite, Apt. #, Etc. City State City State Zip Code FL Signature of Registered Agent Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Date This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No Street Address (P.O. Box Number is Not Acceptable) State Zip Code FL Zip Code FL No State No No State No No No No No No No No No N						51			
BUTI, FRANCESCO 2127 BRICKELL AVE., #501 MIAMI FL 33133 Suite, Apt. #, Etc. City State City State Zip Code FL Signature of Registered Agent Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Date This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No Street Address (P.O. Box Number is Not Acceptable) State Zip Code FL Zip Code FL No State No No State No No No No No No No No No N					1071125				
BUTI, FRANCESCO 2127 BRICKELL AVE., #501 MIAMI FL 33133 Suite, Apt. #, Etc. City State City State Zip Code FL Signature of Registered Agent Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Date This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No Street Address (P.O. Box Number is Not Acceptable) State Zip Code FL Zip Code FL No State No No State No No No No No No No No No N		8. Name and Address of Current Registered Agent			<u> </u>	9. Name and A	Address of New Registered Agent		
City State 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 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No State Zip Code FL Vip Code FL No State Zip Code FL No No State FL No State FL No State FL No No State FL No No State FL No No State FL No State									
City State 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 Negistered Agent NUST SIGN 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No State Zip Code State Zip Code FL State Zip Code FL No State Zip Code FL No Intangible 2 State Zip Code No Int									
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 REQUIRED Date 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for Information on intangible tax.)		-							
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 REQUIRED Date 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for Information on intangible tax.)									
Intangible Personal Property tax due June 30. Yes V No L on intangible tax.)	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 Date								
12, 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 Daytime Phone #									