


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

04 DEC 29 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F78054

1. Corporation Name
PHOENIX RESTAURANT OF SOUTH BREVARD, INC.

1825 RIVERVIEW DRIVE
MELBOURNE, FLORIDA 32901

2. Principal Office Address 1825 RIVERVIEW DRIVE		3. Mailing Office Address MELBOURNE, FLORIDA 32901	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MELBOURNE, FLORIDA		City & State MELBOURNE, FLORIDA	
Zip 32901	Country USA	Zip 32901	Country USA

REINSTATEMENT 04
MRIS

4. Date Incorporated or Qualified To Do Business in Florida B 4/27/1982

5. FEI Number 59-2460182	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
JAMES L. REINMAN

Street Address (P.O. Box Number is Not Acceptable)
1825 RIVERVIEW DRIVE

Suite, Apt. #, Etc.

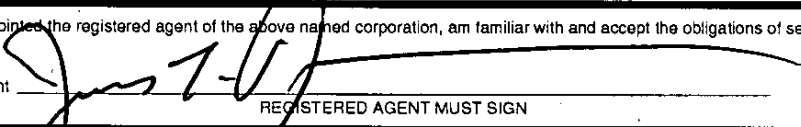
City
MELBOURNE

State
FL

Zip Code
32901

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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  Date 12/28/04

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
PD	HANS UNGER	148 YOUNG AVENUE	COCOA, FLORIDA 32922
SD	WERNER OSTER	148 YOUNG AVENUE	COCOA, FLORIDA 32922
ASST. SEC. S. REINMAN	JAMES L. REINMAN	1825 RIVERVIEW DRIVE	MELBOURNE, FLORIDA 32901

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:  **ass. sec.** 12/28/04 321 768 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED81 (01/04)