

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 JAN -2 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000033278

1. Corporation Name

CHIPPIES BRITISH CAFE INC.

Principal Place of Business

6911 MUNICIPAL DRIVE  
ORLANDO FL 32819

Mailing Address

6911 MUNICIPAL DRIVE  
ORLANDO FL 32819

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
				05/04/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
				59-3267140	
City & State		City & State		Applied For	
				Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				<input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	



REINSTATEMENT

*Re*

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	BAME, ROBERT	7654 TIMBER RIVER CIR.	ORLANDO FL / 32807
VP	FULL, COLIN	7614 TIMBER RIVER CIR.	ORLANDO FL / 32807

180002050141-6  
-01/08/97--01036--007  
\*\*\*\*375.00 \*\*\*\*375.00

*JB1-397*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BAME, ROBERT 6911 MUNICIPAL DRIVE ORLANDO FL 32819		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL

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 *Robert D Bame* REGISTERED AGENT MUST SIGN Date 12-28-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

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: *Robert D Bame* 12-28-96 (407) 352-2323

CR2E040 (7/96)