

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 20 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000064277

1. Corporation Name
THE QUICHE FACTORY, INC.
27 CAYUGA ROAD
SEA RANCH LAKES, FL 33308

REINSTATEMENT 02-04

10003696081
05/20/04--01036--029 **450.00

2. Principal Office Address		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	7/23/1997
5. FEI Number	65-0772337
Applied For	
Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name		
SHAYNA ALTMAN		
Street Address (P.O. Box Number is Not Acceptable)		
27 CAYUGA ROAD		
Suite, Apt. #, Etc.		
City		
SEA RANCH LAKES		State
		FL
		Zip Code
		33308

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	Shayna Altman-Weed	Date	5-17-04
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
PVST	ALTMAN, SHAYNA	27 CAYUGA ROAD	SEA RANCH LAKES, FL 33308
D	ALTMAN, SHAYNA	27 CAYUGA ROAD	SEA RANCH LAKES, FL 33308

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)(f), 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:	Shayna Altman-Weed	Date	5-17-04	Daytime Phone #	954 568-0530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

The Quiche Factory, Inc.
27 Cayuga Road
Sea Ranch Lakes, Fl 33308
(954) 565-5787

May 5, 2004

Department of State
Division of Corporations
Corporation Reinstatement
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern

RE: Document # P97000064277

Enclosed is a Corporation Reinstatement form for The Quiche Factory, Inc., along with a check in the amount of \$450.00 to cover the cost of reinstatement fees.

As I did not receive any notices for the years 2002, 2003 and 2004, I would like to request that my late fees be waived.

Thanking you in advance for your help.

Sincerely,

A handwritten signature in black ink that reads "Shayna Altman Neal". The signature is written in a cursive style with a large initial 'S' and a long horizontal stroke for the 'A'.

Shayna Altman Neal

Enclosures