

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

00 OCT 23 PM 3:46

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # P98000045907

1. Corporation Name
ANNIE'S FRESH FISH & BAKED GOODS RESTAURANT, INC.

Principal Place of Business	Mailing Address
1100-02 NE 4TH AVENUE FORT LAUDERDALE FL 33304	1100-02 NE 4TH AVENUE FORT LAUDERDALE FL 33304

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

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. <i>N/A</i>		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. <i>N/A</i>		4. Date Incorporated or Qualified To Do Business in Florida 05/21/1998	
City & State		City & State		5. FEI Number 65-0838638	
Zip		Country		<input type="checkbox"/> CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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	4. City / State / Zip
P/D	HUNTER, JAVIS	1100-02 NE 4TH AVENUE	FORT LAUDERDALE FL 33304
SECY. TREAS	HUNTER, CHRISTINE	1841 NW 45th ST	OAKLAND PARK, FL 33309

REINSTATEMENT
 100003457081--0
 -1107-0001097--001
 *****750.00 *****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HUNTER, JAVIS 1841 NW 45 STREET OAKLAND PARK FL 33309		Name: <i>N/A</i>	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL
			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: *[Signature]* Date: 10/14/00

SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

11. 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]* **JAVIS HUNTER, PRESIDENT** 10/14/00 (954) 763-9994

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

CR2E040 (8/00)