

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 16 AM 9:51

DOCUMENT # P99000050814

1. Corporation Name
Kathy's Family Restaurant, Inc
Al's Meat Market

2. Principal Office Address
1513 35th St. South
Suite, Apt. #, etc.

City & State
St. Petersburg, FL
Zip Country
33711 Pinellas

3. Mailing Office Address
1513 35th St. South
Suite, Apt. #, etc.

City & State
St. Petersburg, FL
Zip Country
33711 Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida 6/1/99

5. FEI Number
593585543
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 W. Bauman, Esq. 800004037028-2
Street Address (P.O. Box Number is Not Acceptable)
1008 Drew Street -04/23/01-01001-022
Suite, Apt. #, Etc. ***300.00 ****300.00
City
Clearwater State Zip Code
FL 33755

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
[Signature] REGISTERED AGENT MUST SIGN Date 4/10/01

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
President	Alexander Rosh	4754 4th Ave N	St. Petersburg, FL 33713
Secretary	Katherine Rosh	4754 4th Ave N	St. Petersburg, FL 33713

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: * Alex Rosh Alex Rosh 4/10/01 727.322.1610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)