PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

REINSTATEMENT			DIVISION OF CORPORATIONS		
	110	RICAN CHAME ALE, INC.	SER OF MIAN		
Principal Place of Business	Ma	iling Address			

000000245111800	1
-03/10/9801001014	
****297.50 :: *****297.50 ::	ķ
Z. ,	

SECRETARY OF STATE OF CORFORATE OF CORFORATE OF CORFORATE OF AMIL:

THE BILTMORE HOTEL EXECUTIVE OFFICE CENTER 1200 ANASTASIA AVENUE – SUITE 280 CORAL GABLES, FLORIDA 33134

	,					••	75-75
If above addresses are	incorrect in any way, line t	hrough incorrect information a		v		دع	<u> </u>
2. New Principal Office Address, If Applicable		New Mailing Office Address, If Applicable		4.	Date Incorporated or Qualified To Do Business in Florida		JOX: E
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	10-24-83		T .
•		1		5.	. FEI Number		Applied For
City & State		City & State			59-2354035		Not Applicable
	·•			<u> </u>	0.0	75. Addit	ional Fee required
Zip	Country	Zip	Country				ificate of Status

Title(s)	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers) 4	City / State / Zip
Co-P	MICHELLE MATAILLET	12300 Old Cutler Road	Miami, Florida 33156
/D Co-P	JEAN-LUC OIZAN CHAPON	4735 Orduna Drive	Coral Gables, Florida 33134
VP/D	JACQUES RENAUD	GEC ALSTHOM - Miami Operations	• • • • • • • • • • • • • • • • • • • •
VP/D	JOHN P. BAUER	330 Biscayne Boulevard — Sulte 80 BASIC FOOD INTERNATIONAL, IN	IC. Ft. Lauderdale, FL 2601
S/D	FREDERICK	East Oakland Park Boulevard 33300 BAUR, MILLER & WEBNER, P.A.	6 Miami, FL 33132-2306
T/D	WOODBRIDGE, ESQ. KENNETH LANCASTER, CPA	100 N. Biscayne Blvd, 21st Floor 50 West Mashta Drive, Suite 6	Key Biscayne, FL 33149

8. Name and Address of Current Registered Agent

STEVEN A. EDELSTEIN, ESQ.

LAW OFFICES OF STEVEN A. EDELSTEIN

BILTMORE HOTEL EXECUTIVE OFFICE CENTER
1200 Anastasia Avenue — Suite 300

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is N. Aks ptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

COTAIN ADIOS IN Floring add 3 d 3 dabove named corporation, am familiar with and accept the body for of Section 607.0505, F.S.

Signature of Registered Agent __

REGISTERED AGENT MUST SIGN

_____ Date 10 Telem 199

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No Not Applicable

No Not Applicable

(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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1988 (305) 444-56