


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p><b>APPLICATION FOR REINSTATEMENT</b></p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>	<p><b>FILED</b>  98 MAY 13 AM 10:06  SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>
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**DOCUMENT #** K13481

1. Corporation Name  
**ALL-NATIONS CATERING, INC.**

Principal Place of Business      Mailing Address

**Two South Biscayne Blvd.  
Suite 3599  
Miami, FL 33131**      **Same**

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

**REINSTATEMENT** 90-98  
AD

2. New Principal Office Address, if Applicable  
**Two South Biscayne Blvd.  
Suite, Apt. #, etc.  
Suite 3599**

3. New Mailing Address, if Applicable  
Suite, Apt. #, etc.  
City & State  
Zip      Country

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida      **02/02/88**

5. FEI Number      **65-0032447**      Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Mark J. Bryn	Two South Biscayne Blvd. #3599	Miami, FL 33131

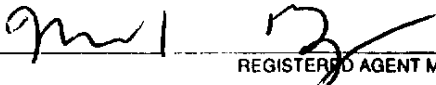
8. Name and Address of Current Registered Agent

**Mark J. Bryn  
Two South Biscayne Boulevard  
One Biscayne Tower, Suite 3599  
Miami, FL 33131**

9. Name and Address of New Registered Agent

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:       Date: **5-11-98**

REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:**       **Mark J. Bryn**      **5-11-98**      (305) 374-0501

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

CR20040 (12/95)