

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 30 PM 12:27

DOCUMENT # 408625

1. Corporation Name
Food Spot #25, Inc.

2. Principal Office Address
9990 SW 77 Avenue

3. Mailing Office Address
9990 SW 77 Avenue

Suite, Apt. #, etc.
200

Suite, Apt. #, etc.

City & State
Miami

City & State
Miami

Zip Country
33156 USA

Zip Country
33156 USA

4. Date Incorporated or Qualified To Do Business in Florida
Sept. 12, 1972

5. FEI Number
591418484

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name
Bruce Wilner

Street Address (P.O. Box Number is Not Acceptable)
9990 SW 77 Avenue

Suite, Apt. #, Etc.
200

City
Miami

300028302943
02/05/04--01060--005 **10.00

300028302943
02/05/04--01060--006 **70.00
FL 33156

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

Date 1/29/04

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 |
|--------|-----------------------------------|--|--------------------|
| PD | Harris, Larry J | 9990 SW 77 Avenue Suite 200 | Miami, FL 33156 |
| EXVP | Wilner, Bruce S | 9990 SW 77 Avenue Suite 200 | Miami, FL 33156 |
| S | Harris, Dolores | 9990 SW 77 Avenue Suite 200 | Miami, FL 33156 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BWP

1/29/04

305 4984984

CR2E081 (10/02)