MASE READ	AL NSTENCTIONS	S BEFORE C	OMPLETING THIS FORM.	
'APPLIC/ FOI	LORIDA E AVIME a Cas. Mo	NT OF STATE ortham State		
REINSTAT	CIVISION OF CORPORATIONS			
1. Corporation Name the Leube Co-			98 DEC -3 PM 2: 11	
d/b/ Pensacrla Restaurant Supply			SECRETARY OF STATE TALLAHASSEE, FLORIDA	,
Principal Place of Business Per 5, Polafex Street Personal Place of Business Personal Place of Busines				
If above addresses are incorrect in any way, line through Incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		To Do Business in Florida	
City & State	te City & State		59-0991620	Applied For Not Applicable
Zip Country	Zip Count	iry		itional Fee required rifficate of Status
7. Names and Street Addresses of Each Officer and/o		ations must list at leas		
Title(s) and/or Directors Offi		fficer and/or Director Jse Post Office Box N	- City / State / Zit	·
Free Oscar S-Willenzik 4580 TERRASANTA PENSACOLA, FL 32504				
5	KNZK 1245 D	/4 ()	10 Paris 170	30
· pues carea w. voll	RNZR AB D	referoca	wive versacer fe	~30105
			4000027066	
			-12/08/98010 ****158.75	384014 384014
		<u> </u>	777700270	
Nomo			9. Name and Address of New Registered Agent	
MARCU (1), to I CAN AN				0(1/98
· 2230 McCutchen Place				CR2E040 (1/98)
Pensacola, FL 32503		Suite, Apt. #, Etc.		
10. I, being appointed the registered agent of the above	ve named corporation, am familiar w	vith and accept the obl	FL /	*
Signature of Registered Agent Mary W. Fredman Date 12-2-98				
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No U (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: Could Z. Muleuply 12-2-98 850 434-2231 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #				





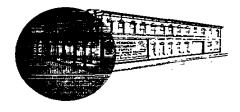
PENSACOLA

RESTAURANT SUPPLY

P.O. BOX 12806

PENSACOLA, FLORIDA 32575-2806





PHONE (904) 434-2231 404-415 SOUTH PALAFOX STREET

December 2, 1998

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Attn: Ms. Sandra B. Mortham

Dear Ms. Mortham:

Enclosed please find our Application for Reinstatement of our Corporation Report with no changes from our previous status. We are also enclosing a check for \$158.75.

Please send us a Certificate of Status. As discussed with your office this date, we are sending \$150.00 normal filing fee, since we did not receive previously and were not aware that payment was due.

We would appreciate you sending a Certificate of Reinstatement as quickly as possible as this is nestled for our bank. If it would be possible to fax us a copy of the reinstatement, this would be appreciated as time is critical on getting this information.

Your cooperation is greatly appreciated.

Sincerely, Carla L. Willewigh

Carla L. Willenzikk Secretary/Treasurer

CLW/sw Encls.

> A PENKO COMPANY • Established 1946