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2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV -4 PM 5:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #314190 1. Entity Name DRIVE-IN THEATRES OF FLORIDA, INC.	
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Principal Place of Business 2001 N. FEDERAL HWY. DELRAY BEACH, FL 33483 US	Mailing Address P.O. BOX 2304 DELRAY BEACH, FL 33447 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 701 Park Drive West Suite, Apt. #, etc.
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City & State Boca Raton FL	City & State Boca Raton FL
Zip 33432	Country USA



REINSTATEMENT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. FEI Number 59-1009327	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DOCKERY, N.S. 2001 N. FEDERAL HWY CONCESSION ANNEX #2 DELRAY BEACH, FL 33444	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	President	Date 11/2/04	Daytime Phone #
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CHAPMAN ASSOCIATES, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

855 SOUTH FEDERAL HIGHWAY, SUITE 217-B
BOCA RATON, FLORIDA 33432-6133

TELEPHONE: (561) 392-7198
FACSIMILE: (561) 750-6579

STEPHEN P. CHAPMAN
CERTIFIED PUBLIC ACCOUNTANT
MEMBER FLORIDA INSTITUTE OF CPAs

R.H. CHAPMAN (1923-2002)

October 29, 2004

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

Re: Drive-In Theatres of Florida, Inc.
Document #: 314190

Dear Sir/Madam:

I have enclosed a 2004 For Profit Corporation Reinstatement form for the above referenced corporation along with a check for \$150.00.

I respectfully request a waiver on the usual late filing, late payment fee due to the fact that the corporation did not receive the sixty day notice before being administratively dissolved.

The mailing address of P.O. Box 2304, Delray Beach, Florida was in a post office that was severely damaged by hurricane Frances and the Postal Service closed this post office and rerouted all the mail addressed there.

The address on the Notice of Dissolution or Revocation in Lighthouse Point was a residence that was sold.

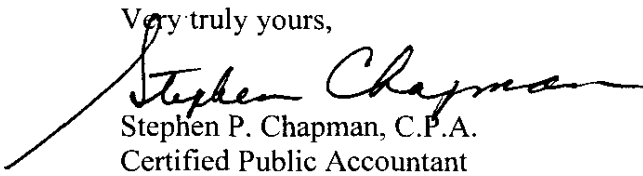
I have changed the mailing address to Boca Raton, Florida on the Reinstatement form which is the correct address.

State of Florida
Department of State
October 29, 2004
Page two

Again I respectfully request a waiver of the late filing, late payment fee due to the above.

Your assistance will be greatly appreciated.

Very truly yours,



Stephen P. Chapman, C.P.A.
Certified Public Accountant

Encls.