

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #518742 1. Corporation Name LAKE FRANCES EAT. INC.		FILED 97 JUN 23 AM 11:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1137 Belmont TAVARES FL 32778		Mailing Address Box 1183 TAVARES FL 32778	
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida 2-78		5. FEI Number 59-1726566 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres.	Jim Key	6907 Lakeview Dr	Yalaha FL 32748
Sec.	" "	" " "	" " "
8. Name and Address of Current Registered Agent PEG POTTER 308 E. 5th ST Mount Dora FL 32757		9. Name and Address of New Registered Agent Name: NONE Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State: FL Zip Code	
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: [Signature] REGISTERED AGENT MUST SIGN Date: 6-16-97			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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 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] JIM KEY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		6-13-97 352-383-1214 Date Daytime Phone #	

CR2ED-00 (1/2/96)