PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

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DOCUMENT # 686122

1. Corporation Name
FIORIDA FAST FOODS, INC

REINSTATEMENT 98-07

2. Principal Office Address - No P.O. Box #
13885 S.E. 25th Ave.
Suite, Apt. #, etc.

3. Mailing Office Address
13885 S.E. 25th Ave.
Suite, Apt. #, etc.

City & State
Summerfield, Fl.

City & State
Summerfield, Fl.

Zip 34491   Country USA

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4. Date Incorporated or Qualified To Do Business in Florida   09/03/1980

5. FEI Number   592017800   ☐ Applied For   ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Dwight H. Stephens

Street Address (P.O. Box Number is Not Acceptable)
4457 Jacona Dr.

Suite, Apt. #, Etc.

City
Hernando Beach,   State FL   Zip Code 34607

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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   Dwight H. Stephens
REGISTERED AGENT MUST SIGN   Date 06/22/2007

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
P/V/D	Dwight H. Stephens	4457 Jacona Dr.	Hernando Beach, Fl 34607
			900106410269 07/19/07--01057--004 **1508.75

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 contained in Chapter 119, 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: _____   06/22/2007   352-572-6053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #