

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED
PARTNERSHIP
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A93000000563

1. Name of Limited Partnership

All Foods Orlando, Ltd

2. Principal Office Address

c/o Brockman 200 S. Orange

Suite, Apt. #, etc.

Suite 2600

City & State

Orlando, FL

Zip

32801

Country

USA

3. Mailing Office Address

120 Interstate N. Pkwy E.

Suite, Apt. #, etc.

Suite 112

City & State

Atlanta, GA

Zip

30339-2103

Country

USA

8. Name and Address of Current Registered Agent

Name

Brockman, Christopher, Esq.

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

200 S. Orange Avenue

Suite, Apt. #, Etc.

Suite 2600

City

Orlando

State

FL

Zip Code

32801

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

10a. Registration
Document NumberThe Philly Franchising
Company120 Interstate N. Pkwy
E, # 112

Atlanta, Ga. 30339-2103

P25586

REINSTATEMENT 2002-2003

BK

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(f) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

DATE

10/14/03

Typed or Printed Name of General Partner Signing Form

Mark D. Scherer

Telephone Number

770-952-6152