F04000003654

(Requestor's Name)					
(Address)					
(Address)					
(0) 10 1 77 (0)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Bu s iness Entity Name)					
(Document Number)					
Codifical Coming					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



800036237198

U6/28/84--U1U31--U20 **87.50

O4 JUN 28 PH 3: 33
SHARKSEFE FLORIDA





CORPDIRECT AGENTS, INC. (formerly CCRS) 103 N. MERIDIAN STREET, LOWER LEVEL TALLAHASSEE, FL 32301 222-1173

FILING COVER SHEET ACCT. #FCA-14

ALCHAROS PA 3: 33 **CONTACT: KATIE WONSCH** DATE: 6/28/04 **REF. #:** 0173.27561 CORP. NAME: MEDIEVAL TIMES FRANCHISING, INC. () ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION () ANNUAL REPORT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME (XX) FOREIGN QUALIFICATION () LIMITED PARTNERSHIP () LIMITED LIABILITY () REINSTATEMENT () MERGER () WITHDRAWAL () CERTIFICATE OF CANCELLATION () OTHER: TE FEES PREPAID WITH CHECK# 50868 FOR \$ 87.50 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$_____ PLEASE RETURN:

() CERTIFICATE OF GOOD STANDING

() PLAIN STAMPED COPY

Examiner's Initials

(XX) CERTIFIED COPY

(XX) CERTIFICATE OF STATUS

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZAT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMIT REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA A STATE OF FL

1.	Medieval Time	es Franchising, Inc.		Children of the control of the contr
••	(Enter name of c	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	ο,'	"COMPANY," "CORPORATION,"
	(If name unavail	lable in Florida, enter alternate corporate name	e	adopted for the purpose of transacting business in Florida)
2.	Delaware	. 3.		33-0926970
	(State or country	under the law of which it is incorporated)	-	(FEI number, if applicable)
4.	09-13-2000	5.		Perpetual
	(Date	e of incorporation)	•	(Duration: Year corp. will cease to exist or "perpetual")
6.	May 1, 2004			
7	7662 Beach Blv			n Florida, if prior to registration) 02, F.S., to determine penalty liability)
/ ·.		(Principal office add	dr	ess)
	7662 Beach Blv	vd., Buena Park, CA 90620		
		(Current mailing add	ldr	ress)
8.	Franchisor			
	(Purpose(s	s) of corporation authorized in home state or c	00	untry to be carried out in state of Florida)
9.	Name and stree	et address of Florida registered agent: (P.	0	. Box NOT acceptable)
	Name:	NRAI Services, Inc.		
Oí	Tice Address:	526 E. Park Avenue		
		Tallahasse		, Florida 32301
		(City)		(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)
Paul J. Hagan, Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS	
Chairman: Pedro Montaner	
Address: 7662 Beach Blvd.	Buena Park, CA 90620
Vice Chairman: N/A	
Address: 7662 Beach Blvd.,	
Director: Kenneth H. Kim	
Address: 7662 Beach Blvd.	Buena Park, CA 90620
Director: N/A	
Address: 7662 Beach Blvd.,	Buena Park, CA 90620
B. OFFICERS	
President: Kenneth H. Kim	
Address: 7662 Beach Blvd.	Buena Park, CA 90620
Vice President; N/A	
Address: 7662 Beach Blvd.,	Buena Park, CA 90620
Secretary: Eric Chiusolo	
Address: 7662 Beach Blvd.	Buena Park, CA 90620
Treasurer: Eric Chiusolo	
Address: 7662 Beach Blvd.	, Buena Park, CA 90620
NOTE: If necessary, you r	nay attach an addendum to the application listing additional officers and/or directors.
13(Sign	nature of Director or Officer listed in number 12 of the application)
14. Eric Chiusolo, Secreta	·y with transmist

(Typed or printed name and capacity of person signing application)

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDIEVAL TIMES FRANCHISING, INC."

IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF JUNE, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDIEVAL TIMES FRANCHISING, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Warriet Smith Windson Secretary of State

DATE: 06-24-04

3286104 8300

040469236