

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 AUG 20 PM 3:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F93000004947**

1. Corporation Name
PRANDIALS INC.

W98000019029

Principal Place of Business 1300 WEST BELMONT AVE. SUITE 506 CHICAGO IL 60657	Mailing Address 1300 WEST BELMONT AVE. SUITE 506 CHICAGO IL 60657
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business In Florida 11/02/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 36-3863336	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 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
DPST	COGAN, JULES G.	30 SOUTH WAGER DR., 29TH FLOOR	CHICAGO IL
			3000002622189--E -08/21/98--01078--001 ***1050.00 ***1050.00
		REINSTATEMENT	<i>96-98 JS</i>
			<i>8/20</i>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. TALLAHASSEE FL 32301		Name	
		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: *Karen B. Rozar* **Karen B. Rozar, Asst. Sec.**
 Corporation Service Company
 REGISTERED AGENT MUST SIGN

Date: *8/20/98*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (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)(l), 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]* **President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #