PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

FOR Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					THE RESERVE THE PROPERTY OF TH		
DOCUMENT # £950000 3797 1. Corporation Name					97 MAR 20 PM 3: 18 SECRETARY OF STATE TALLAHASSEE FLORIDA		
B	ARBEQUES GALORE, IN	īC.					
Principal Place of Business Mailing Address					-		
	5041 Bake Parkway, rvine, California 9					91-97	
	ddresses are incorrect in any way, to ncipal Office Address, If Applicable	nformation and enter correction below. ing Address, If Applicable			DO NOT WRITE IN THIS SPACE porated or Qualified	Ų	
Suite, Apt #, etc Suite, Ap			#, etc.		5. FEI Numbe	ness in Florida 8/7/95	
City & State City & 5					95-343	уррания так	
Zip	Country	Zip	Count	ry	6. CERTIFICAT	E OF STATUS DESIRED X S8.75 Additional Fee require	d
7. Names a	and Street Addresses of Each Office	r and/or Director (Fk	orida nonprofit corpor	ations must list at le	ast 3 directors)		7
Title(s) 1	Name of Officers and/or Directors 2		Street Address of Eac Officer and/or Direct 3 (Do NOT Use Post Office Box		ī	City / State / Zip	
P/D	Sydney Selati		15041 Bake	Bake Parkway, Suite A		Irvine, CA 92718	
T/S	Kevin Ralphs		15041 Bake	e Parkway,	Suite A	Irvine, CA 92718	
v	Michael Varley		15041 Bake	e Parkway,	Suite A	Irvine, CA 92718	
v	Austin Yeh		15041 Bak	e Parkway,	Suite A	Irvine, CA 92718	_
		·····		····	0	000021209200 -03/21/97-01106-007 ****915.00 ****915.00	
	8. Name and Address of Cu	rrent Registered Ag	ent		9. Name and	Address of New Registered Agent	٦,
Name							(12/45
1200 South Pine Island Road Plantation, Florida 33324				Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc03/21/371)111/51)13/3 City State Zp Code **(1.75)			
10. I, being Signature o Registered				VIBRYANT THE G	Ŧ	tion 607.0505, F.S. Date 3/20/97	-
11. Ďo De	pes this corporation pept. of Revenue under	ay any intan r S. 199.032	gible tax to to Florida Sta	he tutes. Yes	□ No[(See other side for information on intangible tax.)	
lease to certify t	he Division of Corporations from any that I am an officer or director or the	liability of non-comp receiver or trustee (liance with Section 1 empowered to execu-	19.07(3)(k) in the ev te this application as	vent that the inforr s provided for in c	ion stated in Section 119.07(3)(k), Florida Statutes. I remails supplied is deemed exempl from public access, chapter 607 or 617, F.S. I further certify that when filing ents of section 607.0401 or 617.0401, F.S., and that a	

this remislatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. 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:

/M. <u>Kevin Ralphs</u> NAME OF SIGNING OFFICER OR DIRECTOR

(714) 581-1753 Daytime Phone #