

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000000232			
1. Corporation Name CULINARY VENTURES, INC.			
Principal Place of Business 220 MURRAY STREET NEWARK NJ 07114		Mailing Address 220 MURRAY STREET NEWARK NJ 07114	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida 01/12/1996	
		5. FEI Number 22-3315887	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 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
PD	YUPPA, JACK	73 CLINTON ROAD	FAIRFIELD NJ
V	HENLEY, JAMES	6380 WHITESTONE ROAD	JACKSON MS
OOD	LIGATA, DAVID M	94 BURLINGTON COURT	HAMBURG NJ
T	BELASCO, JOSEPH	33 SUMMIT AVENUE	CEDAR GROVE NJ
VD	DINARDO, THOMAS	8 ROBIN PLACE	FAIRFIELD NJ
CEO	KEHDE, HARLOW	230 E. Shore Trail	SPARTA NJ
8. Name and Address of Current Registered Agent HENLEY, JAMES C/O FLORIDA MEMORIAL COLLEGE 15800 N.W. 42ND AVENUE MIAMI FL 33054		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City 400002831564-2 -04/07/99 -01005-023 ****908,75 ****908,75 FL	
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 <i>James Henley</i> REGISTERED AGENT MUST SIGN Date 3.1.99			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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)(i) 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: <i>Joseph Belasco</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOSEPH BELASCO		2-24-99 973-624-3200 Date Daytime Phone #	

99 MAR 29 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



98-99

CR2040 (9-98)