

ACCOUNT NO.

072100000032

REFERENCE :

132374

4301978

AUTHORIZATION

COST LIMIT :

ORDER DATE: NOVEMBER 04, 1996

ORDER TIME : 11:42 AM

ORDER NO. : 132374-005

CUSTOMER NO:

4301978

CUSTOMER: Marianne Murray, Esq

Rosner Bresler Goodman &

521 Fifth Avenue

New York, NY 10175

W96-23367

FOREIGN FILINGS

300001995273--5

NAME: DINING PLUS, INC.

XXXX QUALIFICATION

(TYPE: <u>CO</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: GAIL WILLIAMS

PRESIDE OF CORPORATION NOV -1 FIT 2: 02

96 NOV -4 PH 3: 58

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 4, 1996

CSC NETWORKS GAIL WILLIAMS RESUBMIT

Please give original submission date as file date.

SUBJECT: DINING PLUS, INC. Ref. Number: W96000023367

We have received your document for DINING PLUS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6093.

Freta Lott Corporate Specialist Supervisor

Letter Number: 396A00050609

95 NOV -4 PK 3: 59



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 25, 1996

CORPORATE SERVICES COMPANY NETWORKS 1201 HAYS STREET TALLAHASSEE, FL 32301 95 NOV -L PH 3: 50

SECRETARY OF STATE
STATE OF CORPORATION

The name DINING PLUS, INC. has been reserved for 120 days beginning October 25, 1996. The reservation number is R96000005111 and this reservation is **NONRENEWABLE**.

A reservation is not a grant of authority to use the name. It is only a withholding of a name from its availability for use by another. When the proposed document is submitted, the name will **AGAIN** be checked against the records of the Division and if still no conflict exists and all other requirements are fulfilled, the reserved name shall be filed as the entity name.

The Division of Corporations is a rainisterial filing office and may not render any legal advice. The Division does not adjudicate the legality of any corporate name or arbitrate disputes between entities. You may wish to review other laws such as common law rights, including rights to a trade name; United States Code, Federal Trademark Act, Section 1051 (Lantham Act); Chapter 495, Florida Statutes, Registration of Trademarks and Service Marks (Florida Trademark Act); and Section 865.09, Florida Statutes (Fictitious Name Act).

If someone else submits the document for filing, it must have a copy of this letter attached.

Should you have any questions regarding this matter, please telephone (904) 488-9000, the Name Availability Section

Debbie Reagle

Letter number: 196A00049420

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

	1. <u>Dining Plus, In</u>	<u>c.</u>	
	(Name of corporation: must include words or abbreviations of like in	ude the word "INCORPORA	ATED", "COMPANY", "CORPORATION" or arly indicate that it is a corporation instead of a
	natural person or partnership if	not so contained in the name	e at present.)
	2. Delaware		
•	(State or country under the law o	f which it is incorporated)	(FEI number, if applicable)
			(* Sa number, it applicable)
4	Date of Incorporation)	5.	5. Perpetual
	(Date of Incorporation)	_	5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
6	. <u>Upon Qualificati</u>	on	607.1501, 607.1502, AND 817.155, F.S.)
_	Date that transacted business	s in Florida. (SEE SECTIONS 6	607.1501, 607.1502, AND 817.155, F.S.)
7.	P.O. Box 22787, Lake B	uena Vista, Fl. 3283	
			SECRE A SION OF
		(Current mailing ad	2 2 M
		_	# _이 것은
8.	The corporation may	engage in any and a	all lawful activities or buttness
	(Purpose(s) of corporation author	rized in home state or country	ry to be carried out in the state of Floridal)
9.	Name and street address of	P TO a set all a second as a second	い 望慧
	acceptable)	riorida registered age	ent: (P.O. Box or Mail Drop Box NOT
	acceptable)	riorida registered age	ent: (P.O. Box or Mail Drop Box NOT
	,	riorida registered age	
	Name: Corpora	tion Service Company	ny
	Name: Corpora		ny
	Name: Corpora	tion Service Company	ny
	Name: Corpora	tion Service Company 1201 Hays Street Tallahassee	ny
10. Ha cor reg ali	Name: Corpora Office Address: Registered agent's acceptant in the place design in the place design is the place design is the place design is the place design is the place in the property of the property is the obligations of my corporation.	1201 Hays Street Tallahassee nce: red agent and to accept mated in this applicati to in this capacity. I furi- r and complete perform position as registered applicant on Service Company	, Florida, 32301 (Zip Code) pt service of process for the above stated tion, I hereby accept the appointment as riher agree to comply with the provisions of mance of my duties, and I am familiar with agent.
10. Ha cor reg all and	Name: Corpora Office Address: Registered agent's acceptant in the place design in the place design is the place design is the place agent and agree to accept the obligations of my Corporation By: Vicki	1201 Hays Street Tallahassee red agent and to accept this applicate in this applicate in this capacity. I further and complete perform position as registered agent service Company Linciper Company (Registered agent's sign	, Florida, 32301 (Zip Code) pt service of process for the above stated tion, I hereby accept the appointment as riher agree to comply with the provisions of mance of my duties, and I am familiar with agent.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O . Box NOT acceptable) Chairman: <u>GUIDO BELLANCA</u> Address: 7550 Hinson St., Apt. 5-A, Orlando, Fl. 32819 Vice Chairman: Address: _____ Director: GUIDO BELLANCA Address: 7550 Hinson St., Spt. 5-A, Orlando, Fl. 32819 Director: RUSSELL BELLANCA Address: 7550 Hinson St., Apt. 13-D. Orlando, Fl. 32819 B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: GUIDO BELLANCA Address: 7550 Hinson St., Apt. 5-A, Orlando, Fl. 32819 Vice President: RUSSELL BELLANCA Address: 7550 Hinson St., Apt. 13-D, Orlando, Fl. 32819 Secretary: Russell Rellance Address: 7550 Hinson St., Apt. 13-D. Orlando, Fl. 32819 Treasurer: __ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors/ (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. RUSSELL BELLANCA - Vice President

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

State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DINING PLUS, 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 OCTOBER, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES AVE NOT BEEN ASSESSED TO DATE.



Edward J. Freel, Secretary of State

AUTHENTICATION:

8162111

DATE:

10-24-96

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