

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT #** J61289

1. Corporation Name  
 L M Restaurants, Inc.

2. Principal Office Address  
 2721 McNeil Street

3. Mailing Office Address  
 2721 McNeil Street

Suite, Apt. #, etc.

City & State  
 Raleigh, NC

City & State  
 Raleigh, NC

Zip Country  
 27606 USA

Zip Country  
 27606 USA

FILED  
 02 AUG -7 AM 10:30  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**REINSTATEMENT**

9502

4. Date Incorporated or Qualified To Do Business in Florida: 3-9-1987

5. FEI Number: 65-0098854 Applied For: Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$875 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Robert E. Murdoch

Street Address (P.O. Box Number is Not Acceptable): 790 E. Broward Boulevard

Suite, Apt. #, Etc.: Suite 400

City: Fort Lauderdale

State: FL Zip Code: 33301

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: *Robert E. Murdoch* Date: 8/2/02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Ilias Moshakos	2721 McNeil Street	Raleigh, NC 27606
VP	Joy Moshakos	2721 McNeil Street	Raleigh, NC 27606

10. I certify that I am an officer or director of 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)(c), 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]* Date: 8/2/02 Daytime Phone #: 919-836-8399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CS001 1000 22828

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