


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Small
Secretary of State
CORPORATIONS

FILED

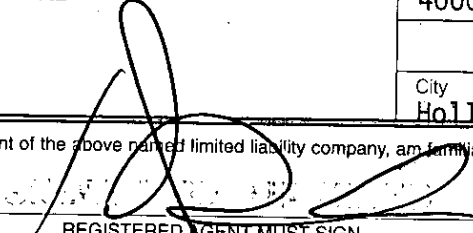
1. DOCUMENT # L00000010461
Name and Mailing Address

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

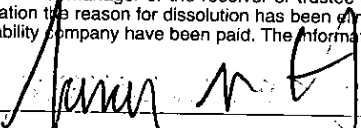
0001236 01 FP 0.352 **PRST T4 0 0615 33023-573120
ABSOLUTELY FABULOUS CULINARY PRODUCTIONS, L.L.C.
3420 WEST HALLANDALE BEACH BOULEVARD
PEMBROKE PARK FL 33023-5731

000008966050
11/13/02--01045--003 **150.00



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 3420 WEST HALLANDALE BEACH BOULEVARD PEMBROKE PARK FL 33023		5. Date Organized or Qualified To Do Business in Florida 08/30/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number APPLIED FOR	
8. Name and Address of Current Registered Agent KRAMER, ROBERT M 4000 HOLLYWOOD BOULEVARD SUITE 485 SOUTH HOLLYWOOD FL 33021		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Howard N. Kahn, Esq. Street Address (P.O. Box Number is Not Acceptable) 4000 Hollywood Blvd., Suite 400 N. City Hollywood FL Zip Code 33021			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent  Date 10/29/02 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MOSCOVITCH, AARON	3420 WEST HALLANDALE BEACH BOULEVARD	PEMBROKE PARK FL 33023
MGR	MOSCOVITCH, STEVEN	3420 WEST HALLANDALE BEACH BOULEVARD	PEMBROKE PARK FL 33023
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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.			

REINSTATEMENT 

Signature of Managing Member/Manager  Date 10-29-02 Daytime Phone # 954-964-7646
Typed or printed name of signing Managing Member/Manager