



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 JUN -2 PM 12: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

Adventures IN FAST FANCY FOODS, INC.
D/B/A Fiddles Cafe

Principal Place of Business

Mailing Address

13611 South DIXIE Highway
MIAMI, FL 33176

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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
President	Melinda Marks Perry	9103 SW 137 TERR	MIAMI, FL 33176
VicePres.	Ronald C. MARKS	6 McCarthy Road	Chaddsford, PA 19317
			200002203212---0 -06705797-01102-0003 ***1410.00 ***1410.00
			REINSTATEMENT 93-97 X6 6-3-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name _____

Melinda MARKS Perry

Street Address (P.O. Box Number is Not Acceptable)

Address (P.O. Box Number is Not Acceptable)
13611 So. DIXIE HIGHWAY

Suite, Apt. #, Etc.

City MIAMI

State
FL

Zip Code

033,76

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 Melinda Mark

REGISTERED AGENT MUST SIGN

Date 5/23/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Melinda MARKS Perry, President

5/23/97
Date

Date _____

(305) 232-1751

Daytime Phone # _____

CR2E040 (12/96)