PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPLICATION FOR REINSTATEMENT DOCUMENT # L16500 1. Corporation Name The Plaza Cafe, Inc. Principal Place of Business Mailing Address (Same) 4900 Linton Blvd., #14 Delray Beach, Fl. 33445-6687 If above addresses are incorrect in any way, Incell brough 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. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite State Country Typ Country Secretary of State Completing This Form. PAPILICATIONS 97 JUN - 6 PM 2: 2:3 SECRETARY OF STATE FLORIDA FEINSTATEMENT 4. Date Incorporated or Qualified To Do Business in Florida 199 Applied Not Applied	
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CEHTIFICATE OF STATUS DESIRED for a Certificate of	
7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) Officer and/or Directors Officer and/or Director City / State / Zio	
1 2 3 (Do NOT Use Post Office Box Numbers) 4	
P/D David Zucker 4012 NW 24th 1011ace Boca Rodon, Fl. 33431	
	1
1 00002207201- -06/10/970103600	-0
-06/10/970103600 ***1088.75 ***1088.	75
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8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent	
Street Address (P.O. Box Number is Not Acceptable)	012796
2424 N. Federa I Highway Suite, Apt. #. Etc.,	CR2E040 (12/96)
Suite 411 City - A 1 State I zin Code	
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 MUST SIGN Date 6 5 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 intengible 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 fill 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 fe 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 indices application is true and accurate, and my signature shall have the same legal effect as if made under oath.	I
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #	