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APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
98 NOV 24 PM 4: 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company	DOCUMENT #L94000000328
B+G Foods DBA: PooEido Restaurant 3454 Gulf of Mexico Dr. Longboat Key, FL 34228	

1a. Principal Place of Business Address
3454 Gulf of Mexico Dr. Longboat Key, FL 34228

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Same		07/06/1994	FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		65-0483410	
City & State	City & State	5. Date of Last Report	6. Certificate of Status Desired
		01/16/1998	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip	Country

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
Chandler, James R III Bender, Bender, Chandler & Adair, P. 5915 Ponce De Leon Blvd. STE 60 Coral Gables FL 33146	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

9. 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
REGISTERED AGENT MUST SIGN	

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGR	Benfere, Nicholas	3454 Gulf of Mex. Dr.	Longboat Key, FL
MGR	Benfere, Vincent	3454 Gulf of Mex. Dr.	Longboat Key, FL

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****188.75 ****188.75

11. 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.	
Signature of Managing Member/Manager	Date 11/1/98 Daytime Phone # 941-383-2500
Typed or printed name of signing Managing Member/Manager	



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

To whom it may concern:

This letter is in regards to the Certificate of Administrative Dissolution. As far as your records show, you sent us the proper form to fill out several months ago, some how this form did not get to the proper authority for it to be completed & sent back. According to the office manager, she never remembers receiving any document like this in the mail. Therefore, it never came to my attention to take care of this matter. I think it is very possible that this document was mistakenly handled as something else, due to the fact that she (office manager) has only been with the company a short time and never seen a document of this sort. If this is the case, I as the manager must take full responsibility. In the past, this we have always paid this in a timely manner and please understand that there was no intent to ignore this situation. Under these circumstances, we are asking that the reinstatement fee be waived. For the time being, we are enclosing a check for \$188.75 and await your final decision on this matter. Please let us know as soon as possible, whether or not it is intended to waive the reinstatement fee. Please understand that in the future this will be paid in a timely manner. Thank you very much for your time and hope to hear from you soon.

Yours truly,

Vincent Giufre, Manager