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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

					מברטב"	TARRY OF STATE		
DOCUMENT # M92962 1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
. Uncle Fat's, Inc.								
2. Principal Office Address 8745 TEMPLE TERRACE HWY 8745 TEMPLE TERRACE HWY					100			
Suite, Apt. #,			Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 8/05/85		
City & State			City & State	ie		_		
TAMPA FL			TAMPA, FL		76 76 70 00 5		Applied For Not Applicable	
336:		USA	^{2ip} 33637	Country	6. CERTIFICATE OF		.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent								
	Name EUGC Street Addres 69/6 Suite, Apt. #,	ss (P.O. Box Number is No	ot Acceptable)	200003171942- -8 -03/16/0001012015 ****300.00 ****300.00				
		MPA, FL			F	tate Zip Code 3363		
8. f, being a Signature of Registered A		Eugen	ve named comporation, am	familiar with and accept the ob T SIGN		07.0505 or 617.0503, F.S.		
9. Names a	and Street Addr	esses of Each Officer and	Vor Director (Florida nonpre	ofit corporations must list at lea	ast 3 directors)		,	
Titles		Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
PRES	EUGENE WAGNER		2 6916	6916 LYNWOOD DR		TAMPA F-C	33637	
IVE-PRES	CARO	L WAGNE	R 6910	6916 LYNWOOD DR		TAMPA FL	<i>33</i> 637	
IKE-PRES	JOHN	6666	8304	TUPELO DR	-	TAMPA FL	33637	
							·	
		·						
AA								

ertify 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

2-4-00

813987-2382

DO NOT REMOVE



Department of State Division of Corporations P.O. Box 6327
Tallahassee, FL 32314

Eugene Wagner, Pres Uncle Fats, Inc. 8745 Temple Terrace Hwy. Tampa, FL 33637

Dear Sir/Madam,

Upon negotiating a new lease for Uncle Fats, Inc. I was shocked to learn that the corporation had been dissolved upon information provided by the landlord's attorneys. Neither I or any other personnel from Uncle Fats received any notices for corporation renewal the past year of 1999. Any taxes from the State are usually paid as soon as they are determined to be valid.

I myself deliver all paperwork to our accountant Dennis M. Brownlee, CPA. Dennis is signing below to verify that he has not received any notices either.

Upon contacting the Department of State, my accountant was told by your personnel that upon filling out the enclosed form and sending a \$300.00 check, this would be sufficient to reinstate Uncle Fats, Inc. for the years 1999 and 2000.

I certainly appreciate the opportunity to correct the problem of reinstatement. The form and the check for \$300.00 are enclosed.

Eugene Wagner, President

Dennis M. Brownlee, CPA