## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## CORPORATION REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

FILED

04 JUN 23 PM 12: 32

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N29318	<b>DOCUMENT</b>	# 1	Na	931	18
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1. Corporation Name

MIAMÎ TACO BELL RESTAURANT OWNERS ADVERTISING ASSOCIATION, INC

		3. Mailing Of 5565 GLEN	ffice Address NRIDGE CONNECTOR	EINSTATEMENT			
Suite, Apt.	#, etc.	Suite, Apt. #, 6 SUITE 2	etc	4. Date Incorporated or Qualified To Do Business in Florida 11/16/1988			
City & State	ROSS, GA	City & State ATLANTA	A, GA	<b>5.</b> FEI Number Applied For S8-1836534 Not Applied For			
Zip 30071	Country	Zip 30342	Country USA	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status			
		7. N	ame and Address of Current Regist	ered Agent			
	Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD Suite, Apt. #, Etc.						
	City PLANTATION		න <b>්</b> ුරු	State Zip Code 33324			
8. I, being Signature of Registered	of	PEGISTERED AGI	JENNIFER FAU	Date 2 21-04			
9. Name	s and Street Addresses of Each Officer	andor Director (Fig	rida nonprofit corporations must list at	least 3 directors)			
Titles	Name of Officers and/or Direct	enc	Street Address of Ea Officer and/or Direc				
PD	GAVIN, MARY		8055 SE WINDJAMME	R WAY HOBE SOUND, FL 33455			
TR	ALDER, JAN	4835 SOURWOOD TE		RRACE NORCROSS, GA 30071			
DIR	BRYANT, DEANNA		4835 SOURWOOD TE	RRACE NORCROSS, GA 30071			
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10. 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 filling 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

4/18/04 Date

770 .446 8835

Daytime Phone #





June 11, 2004

Certified Public Accountants and Business Advisors

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

RE: Miami Taco Bell Restaurant Owners

Advertising Association, Inc

FEIN: 58-1836534 Document #: N29318

## To Whom It May Concern:

In reference to deactivation of Miami Taco Bell Restaurant Owners Advertising Association, Inc., we were not in receipt of notice regarding the 2003 Annual Report. Therefore, we respectfully request that you abate all penalties and fees in connection with reinstatement of the above mentioned corporation, as well as update your files to include the proper mailing address.

Please find enclosed a check for \$300. This amount includes the Annual Report fees and Corporate Supplemental fees for **both** 2003 and 2004.

Thank you for your attention in this matter, and if you have any questions, please call me at 404-898-7453.

Sincerely,

Tiffani Lamprecht

Accountant for the Above

Jeffani Lamprecht