PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2005 SEP 12 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000062366

1. Corporation Name
CUPCAKE HOLDING, INC.

REINSTATEMENT 01-05

2. Principal Office Address	3. Mailing Office Address
3740 NW 80TH ST.	SAME
Suite, Apt. #, etc. —	Suite, Apt. #, etc.
City & State: HIALEAH FL	City & State
Zip: 33147 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 6/27/2000

5. FEI Number: [X] Applied For [ ] Not Applicable

6. RE-ENSTATEMENT CERTIFICATE OF STATUS DESIRED [✓] $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MORTON R. GOUDISS
Street Address (P.O. Box Number is Not Acceptable): 1090 KANE CONCOURSE
Suite, Apt. #, Etc.: #202
City: BAY HARBOR ISLANDS State: FL Zip Code: 33154

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Morton R. Goudiss Date: 9/10/05
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
AKGS	RICHARD GROSSFELD	3740 NW 80TH ST.	HIALEAH, FL 33147
		200059675572 09/15/05--01037--025 **1358.75	

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 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: RICHARD GROSSFELD Richard Grossfeld 9/10/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9/12/05