


FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # P00000070358			
1. Corporation Name Bacon & Wing, II, Inc.			
2. Principal Office Address 1555 Fruitville Rd.	3. Mailing Office Address SAME		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State Sarasota, FL	City & State		
Zip 34236	Country		
4. Date Incorporated or Qualified To Do Business in Florida 7/24/00			
5. FEI Number 65-1027383	Applied For Not Applicable		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name Robert A. Bacon			
Street Address (P.O. Box Number is Not Acceptable) 1555 Fruitville Road			
Suite, Apt. #, Etc.			
City Sarasota, FL	State FL		
Zip Code 34236			
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 Robert A. Bacon REGISTERED AGENT MUST SIGN			
Date 10/8/01			
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
D	Robert A. Bacon	1555 Fruitville Road	Sarasota, FL 34236
D	Thomas G. Wing	1555 Fruitville Road	Sarasota, FL 34236
DD	William F. Harrity, Jr.	1555 Fruitville Road	Sarasota, FL 34236
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)(f), 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]		10/8/01 (941) 371-2687	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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**BACON & WING II, INC.
1555 FRUITVILLE ROAD
SARASOTA, FL 34236**

October 11, 2001

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

To Whom It May Concern:

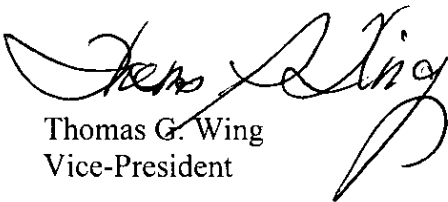
We have just been informed that our corporation was administratively dissolved on September 21, 2001.

We have no record of having received the forms. We have had many changes of bookkeeping personnel this year, so things might have gotten lost.

We are, therefore, requesting that you abate the \$600.00 penalty for failing to file on time.

Thank you for your consideration.

Sincerely,


Thomas G. Wing
Vice-President