PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SIGNATURE:

FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORDODATIONS

02 NOV -1 AM 9:40

SECRETARY OF STATE

1. Composition Name MIA*S RESTAURANT ASSOCIATES, INC. 2. Principal Office Address 1633 Show Avenue 2047 Trade Center Way Suite, Apt. 4, etc. City & State Tampa, FL Naples, FL Naples, FL Name and Address of Current Registered Agent Nichael A. Licht Sireed Address y CO. Box Number is You Acceptable) 791 Tenth Street So. Suite, Apt. 4, Etc. City Naples, Suite, Apt. 8, Etc. City Naples, Signature of Addresses of Each Officer and/or Director (Forda nonprofe corporations must list at least 3 directions) Titles Officers and/or Directors Officers and/or Direct				TALLAHASSEE, FLORIDA								
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this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.F.S. I further certify that when filing owed by the corporation have been paid and the satisfies of individuals listed on this form to a realistic state requirements of section 607.0401 or 617.0401, F.S., that all fees	owed b	v the corporat	tion have been paid and the ri	Manager of individu	- با اسمادات ها ها ه	this t	······································	2000011 D	// 10 10 1 UPO 1 /	. 04 01, ۳.5.,	inat 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/2001

239-254-1234

Daytime Phone #

CR2E081 (9/01)

GUALARIO & LICHT, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

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AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

October 22, 2002

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

Mia's Restaurant Associates, Inc.

Doc# P01000039229 EIN# 59-3717953

Dear Sirs,

We are writing on behalf of the above-mentioned corporation. Please be advised that our client has not received any previous notices regarding their annual Uniform Business Report. Our client originally started the corporation with the address stated on the UBR and has moved twice since then. We have entered a new address for mailing purposes on the reinstatement application.

We respectfully ask that the penalty be waived and have included a check in the amount of \$150.00 to the Department of State.

If you have any further questions, please contact the above corporation.

Sincerely,

Leslie A. Olah