## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPOI REINSTA			Secretary	TMENT OF STATE y of State orporations	03	LICE IA ION OF MAY -	TILEU RY OF STATE CORPORATION PPM 2:47		
DOCUMENT # P0/0000 44846  1. Corporation Name						•	n (11 5: # )		
2 Guys Restaurant Inc									
						100008628201 4,65/29/03-01006-020 **158.75			
2. Principal Office Address 1740 Semoran Blud.			3. Mailing Office Addres	<i>G</i>					
Suite, Apt. #, etc.			Suite, Apt. #, etc.	10/38/02 01018 002 9130.					
City & State			Suite 136 City & State	Date Incorporated or Cualified     To Do Business in Florida					
Winter Park FL			Winter Pa	5. FEI Number 01-0755607 Applied For Not Applicable					
32792		3.A.	32792	Country U.S.A	6. CERTIFICATE	OF STATUS	S DESIRED S373 Addition	න් දින ලොබන් මෙරෙහින්න	
7. Name and Address of Current Registered Agent  Name  Chox/es Guzman  Street Address (P.O. Box Number is Not Acceptable)  ILI Tuscany Pointe Ave.  Suite, Apt. #, Etc.  City  City  Orlando  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  Charles Guzman  Date May 8, 2003									
9. Names and St	reet Addresses	of Each Officer and	or Director (Florida nonprof	fit corporations must list at le	ast 3 directors)	a			
Titles Name of Officers and/or Directors				Street Address of Each Officer and/or Director			City / State / Zip		
President	Charle	s Guzm	7an 1617	Tuscomy Poin	ite Ave.	<u>04</u>	iando, FL, 32	807	
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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 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 UP TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Daytime Phone #									

To Whom it may concern:

This is to notify the division of corporation that the previous notice for the uniform business report was not received. Also the notice for my application that was denied a the check was cash I never received that notice either.

I would really appreciate if you reconsidered my application, with my New check for \$158.75/w for this year (2003).

Thank You Charles Gugman