## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF ST Katherine Harris Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE TALLAHASSEE, FLORIDA  04 APR -7 PM 4: 16
DOCUMENT # POZOOO 05564  1. Corporation Name  The Internetively Famous Fig hoals INC		800032977878 04/16/0401069006 **300,00
2. Principal Office Address 1500 Application Phay	3. Mailing Office Address	REINSTATEMENT 03-0
Suite, Apt. #, etc. '	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida
City & State Tollowssure Florida	City & State	5. FE! Number Applied For Not Applicable
Zip Country SA	Zip Country	CERTIFICATE OF STATUS DESIRED (3375 Additional George quired (core-Catilicate of Status)
7. Name and Address of Current Registered Agent		
Name Thomas M. Vencan #		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City Tallahas see State Zip Code FL 323 01		
Signature of Registered Agent	ove named corporation, am familiar with and acceptance of the second sec	DateDate
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 Addres Officer and/o	r Director City / State / Zip
DP Thomas M. Vu	man 600 Victor	Spire D.A.7 Tellahosser, Fl 32701
De homas /1. Vunan 600 Victor Garden Tellahossey F132701  De nors Duncan Good, day Garden V. A-7 Tellahossey, F132761		
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

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I Thomas M. Duncan II, did not receive my first or second notice annual report for The Internationally Famous Fry World, Inc. Document # is P02000005564.