PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 29 PM 1:04

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000058014

1. Corporation Name

TASTE A CULINARY ADVENTURE, INC.

2. Principal Office Address	3. Mailing Office Address
11750 SE, Dixie Hwy.	11750 SE. Dixie Hwy.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hobe Sound, FL	City & State: Hobe Sound Florida
Zip: 33455 Country: USA	Zip: 33455 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/10/2002

5. FEI Number: 04-369-1382 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ [redacted]

7. Name and Address of Current Registered Agent

Name: CORPORATE ACCESS, INC.

Street Address (P.O. Box Number is Not Acceptable): 236 E. 6th Ave.

Suite, Apt. #, etc.:

City: TALLAHASSEE State: FL Zip Code: 32303

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REINSTATEMENT 2003

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: Danny Bennett Pres Date: 12/29/03

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
Pres	Richard Reichle	8326 SE Woodcrest	Hobe Sound FL. 33455
V.P.	Dan Dyack	8477 S.E. Woodcrest	Hobe Sound FL 33455
R.A.S.	DANNY BENNETT	236 E. 6th Ave.	TALLAHASSEE, FL 32303

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: Danny Bennett Danny Bennett 12/29/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #

CR2E081 (10/02)