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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

04 JAN -5 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P 02000066640

**1. Corporation Name**  
PALM BEACH CHICKEN GRILL, INC.

<b>2. Principal Office Address</b> 8434 SW 200th Terrace Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> Suite, Apt. #, etc.	
City & State Miami, Florida		City & State	
Zip 33189	Country Miami-Dade	Zip	Country

07-07-03 90136 022 \$550.00 <sup>03</sup>

**4. Date Incorporated or Qualified To Do Business in Florida**

**5. FEI Number**  Applied For  Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**  \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name: FRANKLIN ROIG


Street Address (P.O. Box Number is Not Acceptable): 8434 SW 200th Terrace

Suite, Apt. #, Etc.

City: Miami State: FL Zip Code: 33189

**REINSTATEMENT**

**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:  Date: 12-30-03

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	FRANKLIN ROIG	8434 SW 200th Terrace	Miami, FL 33189
STD	ANTHONY DEPASQUALE	8434 SW 200th Terrace	Miami, FL 33189

**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:  Date: 12-30-03 (305) 987-9202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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**PALM BEACH CHICKEN GRILL, INC.**

8434 SW 200<sup>th</sup> Terrace  
Miami, Florida 33189

December 30<sup>th</sup>, 2003

Florida Department of State  
Corporation Reinstatement  
Florida Department of State  
Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Gentlemen:

In regard to attached check, be advised I never received reinstatement form from your office in July and request additional reinstatement fee be waived.

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**FRANKLIN ROIG**  
Resident Agent  
President, Director  
PALM BEACH CHICKEN GRILL, INC.