		and the state of t			-					
-		PLEASE READ A	ALL INST	RUCT	IONS	BEFORE (	COMPLET	ING THIS FORM	V. '	
			FLORID/	ORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			FILED			
DOCUMENT # P93000053843 (7)  1. Corporation Name  COPENHAGEN GRILLE, INC.							97 APR 17 AM II: 55  SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business  11048 SOUTH MILITARY TRAIL  BOYNTON BEACH, FL 33021  If above addresses are incorrect in any way, line through incorrect information and enter correction below  New Principal Office Address, If Applicable  3 New Mailing Address  Mailing Address								enterne al	<b>T</b> ala, <b>a</b> 7	
	ORTH FI	e incorrect in any way, line thro Address, if Applicable EDERAL HIGHWAY	nformation and enter correction below.   ng Address, If Applicable  ORTH FEDERAL HIGHWAY  etc.			4. Date incorporated or Qualified To Do Business in Florida  08/02/93  5. FEI Number  Applied For				
City & State City BOCA RATON, FLORIDA BO			City & State BOCA R	City & State BOCA RATON, FLORIDA			65-043	34056	Not Applicable	le
Zip 3343	<del> </del>	Country USA	Zip 33432		Country		-	E OF STATUS DESIRED 🗍	\$8.75 Additional Fee regulator a Certificate of Status	
7. Names	and Street Ac	ddresses of Each Officer and/o	or Director (Flo	rida nonprof	fil corporat	ions must list at ler	ast 3 directors)	!		
Title(s) Name of Officers and/or Directors				Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N			r	Gity /	/ State / Zip	
DP		KADRI NINO			<u>W</u> 67T	H STREET,		101 112 15 -04/43/97- **** 915.0	<u>[] *******\$][5],[3U</u>	3
8. Name and Address of Current Registered Agent Name							9. Name and Address of New Registered Agent			
HODES, MARTHA  3625 NORTH COUNTRY CLUB DRIVE SUITE 908 AVENTURA, FLORIDA 33180						YEKER, KADRI NINO Street Address (P.O. Box Number is Not Acceptable)  320 NW 67TH STREET Suite, Apt. #, Etc. SUITE 201  City BOCA RATON  State Zip Code FL 33487				
10 L being	ennointed th	no registered agent of the abov	and come	oration am t	fomiliar wit	·			<b>L</b> 33487	
Signature o Registered		9-4	GISTEHED AG			1 anu accept ine o	ioligations of Section	Date 04/10/	97	
11. Do	es this ppt. of R	corporation pay a levenue under S.	ny intang 199.032,	jible tax Florida	x to the a Statu	e utes. <b>Ye</b> s	X No	(See other on in	side for information langible (ax.)	
	4.1.									

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I release the Division of Corporations from any hability of non-compliance with Section 119.07(3)(k). In the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or tostee empowered to execute this application as provided for in chapter 607 or 617, F.S. I turther certify that when filing this roinstatoment application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401. F.S., and that all fees owed by the corporation have been paid. 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: X

04/10/97 (561) 995-8990