

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPLICATION  
FOR  
REINSTATEMENT

DOCUMENT # PA3000068813  
1. Corporation Name  
SOUTH FLORIDA FAST FOOD CORP.

9/1/97  
AR

FILED  
97 MAR -3 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
2875 S. CONGRESS AVE  
DELRAY BEACH, FLORIDA 33445

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <u>10/10/93</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>65-1070264</u>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PREX.	EDWARD CAIRO	2500 NORTHWEST 28 ST. BOCA RATON FL. 33434	BOCA RATON FLA 33434
VP	NORMA CAIRO	2500 NORTHWEST 28 ST.	BOCA RATON FL. 33434

100002105361--5  
-03/05/97--01103--008  
\*\*\*\*765.00 \*\*\*\*765.00

9/3/97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<u>EDWARD CAIRO 2500 NORTHWEST 28 ST. BOCA RATON FL. 33434</u>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b>

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
Signature of Registered Agent: [Signature] Date: 1-31-97  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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] 1-31-97 561 274-8646  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)

2

February 25, 1997

Florida Department of State  
**Leslie Sellers- Document Specialist**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: South Florida Fast Food Corp  
Letter # 097A00007450

Dear Ms. Sellers:

We are in receipt of your letter dated February 12, 1997 requesting an explanation as to our request of a waiver of the corporation reinstatement fee of \$585.00. As per our telephone conversation with your office, we did not file the previous year's application for we never received the forms and were unaware that a form and fee was to be remitted. We are remitting the fee's for all of the years in question including the fee for the current year 1997. We have remitted all other fees and taxes in a timely fashion since we began doing business in the State of Florida.

As a result of the above, we are respectfully requesting that you waive the \$585.00 reinstatement fee and accept our enclosed check of \$765.00 as payment in full for all previous years through December 31, 1997.

Very truly yours,



Edward Cairo