PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED OO MAR 14 PM 12: 04 GEODETIARY OF STATE
DOCUMENT # P930 1. Corporation Name	PPPFF000	SICRETARY OF STATE TAEUAHASSEE, FLORIDA
EEZ GRILL, I	NC	
2. Principal Office Address 1401 N. FEDERAZ Hwg Suite, Apt. #, etc.	3. Mailing Office Address 1401 N FEDERA Huy Suite, Apt. #, etc.	REINSTATEMENT
City & State Hollywood Fl	City & State Hollywood FL.	4. Date Incorporated or Qualified To Do Business in Florida 11) 6 5 9 3 5. FEI Number Applied For Not Applicable
33020 Country	33020 Country A	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Name Name Kimberty ANE ZINKER Street Address (P.O.Box Number is Not Acceptable) 3350 Suite, Apt. #, Etc. City Hollywood		1000031801912 -03/22/0001077009 ****900.00 ****300.00 State Zip Code FL 3302/
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 3/8/2000 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	
PD GEORGE ZINKI	ER 1401 N FEDERAL	Huy Holywood Fl 33020
STD FLLEN ZINK	IER 1401 N. FEDERAL	1 Nay Holkwood Fl 33020
		KE
this reinstatement application, the reason for dis-	ssolution has been eliminated, the corporate name satisfies	provided for in chapter 607 or 617, F.S. I further certify that when filling is the requirements of section 607.0401 or 617.0401, F.S., that all fees an example under section 119.07(3)(i) F.S. The information indicated

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 AND TYPED PROFINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/00

984-92-7321