PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE CORPORATION 03 HAY 15 PM 1:03 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # 1 P94000013970 1. Corporation Name Market Cafe Corporation 2. Principal Office Address 3. Mailing Office Address 000019084170 05/15/03--01047--015 **1800.00 36355 East Lake Road 36355 East Lake Road Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date incorporated or Qualified To Do Business in Florida 2/21/94 City & State City & State 5. FEI Number Applied For Palm Harbor, FL Palm Harbor, FL . 59-3250535 Not Applicable Country \$8.75 Additional Fee required USA 34685 34685 7. Name and Address of Current Registered Agent Kenneth R. Emery , Sr. Street Address (P.O. Box Number is Not Acceptable) <u>90 Woodalen Court</u> Suite, Apt, #, Etc. Zip Code State ..34677/ Oldsmar, 8. I, being appointed the registered agent of the above named serporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Date May 14, 2003 Registered Agent REGISTICKED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers and/or Directors Titles City / State / Zip 90 Woodglen Court 01dsmar, FL 34677 P EMERY, KENNETH R., SR. ٧ EMERY, KENNETH R., JR. 2708 Hamble Village Lane Palm Harbor, FL 34684 T EMERY, MARY E 90 Woodglen Court Oldsmar, FL 34677 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. 813/854-1850 5/14/03 SIGNATURE: Daytime Phone #

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