

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 12 PM 12:58

DOCUMENT # **PA5000034854**

1. Corporation Name  
**Hot on spot Roti Shop, Inc.**

Principal Place of Business Mailing Address  
**20723 NW 2nd Ave  
Miami, FL 33169**

**REINSTATEMENT 98-00**

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5/4/95	
City & State		City & State		5. FEI Number	
				65-0577194	
Zip	Country	Zip	Country	Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" 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
Pres	Carlton White	6278 N.W. 170 Ter	Hialeah, FL 33015
			000003299580--5 -06/21/00--01075--008 ***1050.00 ***1050.00
			000003299580--5 -06/21/00--01075--009 *****8.75 *****8.75
			6/6/20

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

<b>Kerth Rahman</b> 2218 N.W. 160 Ter Pembroke Pine, FL 33028		Name <b>Carlton White</b> Street Address (P.O. Box Number is Not Acceptable) <b>6278 N.W. 170 Ter</b> Suite, Apt. #, Etc. City <b>Hialeah</b>		State <b>FL</b>	Zip Code <b>33015</b>
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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 6/6/2000  
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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]* Date 6/6/2000 Daytime Phone # 305-994-0059  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E08 (12/98)