PLEASE READ ALLINSTRUCTIONS BEFORE COMPLETING THIS FORM. RIDA DEPARTMENT OF STATE

APPLICATION · FOR · REINSTATEMENT



Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	
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P95000042374

1. Corporation Name

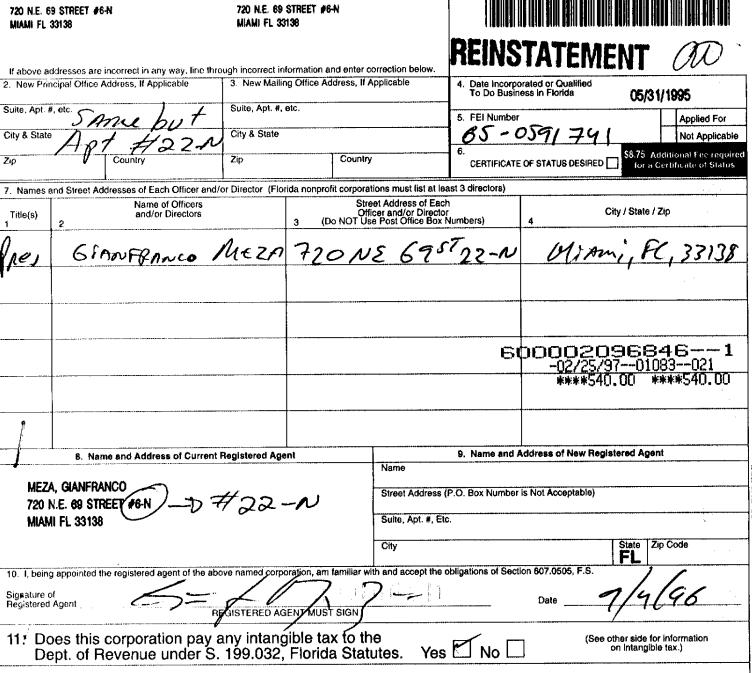
LA ROTISSERIE DE PROVENCE INC.

Principal Place of Business

Mailing Address

97 FEB 21 PM 2: 37

SECRETARY OF STATE TALLAHASSEE FLORIDA



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 filling 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

SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OF PRINTED NAME OF

0036512