PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.							
APPLICATION FLORIDA DEPARTMENT OF STATE Sandra B, Mortham							
FOR		Secretary of S			grama   -  -	اس اس	
REINSTATEMENT DIVISION OF CORPORATIONS				FILED			
DOCUMENT # P95000043467				98 APR 20 PM 1: 30			
1. Corporation Name Brickell Fast Foods, Inc.							
•				SECRETARY OF STATE TALLAHASSEE. FLORIDA			
Principal Place of Business							
10 s.w. 8 st P.O. 130x 5276 Miami, FL 33130 Coral Gables, FL 33114							
1.1141.11, 12 - 2.00					ATEME		
If above addresses are incorrect in any way, line th  2. New Principal Office Address, If Applicable		nformation and enter o			Orated or Qualified	N191-91	
Suite, Apt. #, etc.				To Do Business in Florida May 30, 1995			
City & State	City & State			5. FEI Number Applied For Not Applicable			
Zip Country	Zip	Country	,	6. \$8.75 Additional Fee required			
7. Names and Street Addresses of Each Officer and	/or Director (Flo	rida nonprofit corpora	tions must list at lea		OF STATUS DESINED.	for a Certificate of Status	
Name of Officers and/or Directors		Stre	et Address of Each icer and/or Director	<u>-</u>		City / State / Zip	
1 2 3 (Do NOT Use Post Office Box Num					4		
P Alvaro M. Calbrera 2508 Country Club Prado Coral Gables, Fiz 33134							
V Alvaro J. Cabrera 1395 S			nset Dri	ve	міаті,	FL H	
						42298	
					00024:	907180	
				-04/23/3801128026 ****908.75 ****908.75			
8. Name and Address of Current Registered Agent Name				9. Name and Address of New Registered Agent			
yan k. Selden, EsqA				bert E. Salazar s (P.O. Box Number is Not Acceptable) O SW 10 Terr.			
2250 SW Third Ave 5th Floor 1220				o sw 10 Terr.			
Miami, FL 33129		•	City			State Zip Code	
10. I, being appointed the regular of egent of the abo	ve named corp	ration, <b>am</b> familiar wi	Mian	) ligations of Section	on 607.0505, F.S.	FL 33184	
10. I, being appointed the regard of the above named conferation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent Date 04/00/98							
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No							
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: CHARLES CALLES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone #							