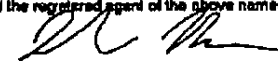
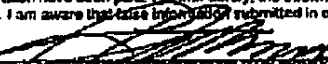


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 8:38

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000031903					
1. Corporation Name FRENCH QUARTER HOLDINGS, INC.					
2. Principal Office Address - No P.O. Box # 3443 KINGSBORO RD NE			3. Mailing Office Address 3443 KINGSBORO RD NE		
Bldg, Apt #, etc. SUITE 2313			Bldg, Apt #, etc. SUITE 2313		
City & State ATLANTA, GA			City & State ATLANTA, GA		
Zip 30326	Country USA	Zip 30326	Country USA	4. Date incorporated or Qualified To Do Business in Florida 04/11/1996	
5. FEI Number 582235587				Applied For NOT APPLICABLE	
6. CERTIFICATE OF STATUS DESIRED				\$2.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name C T CORPORATION SYSTEM					
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD					
Bldg, Apt #, Etc.					
City PLANTATION			State FL	Zip Code 33324	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0806 or 617.0603, F.S. Signature of Registered Agent  Jordan Brown, Assistant Secretary CT Corporation System Date 10/1/2014 REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
CEO	Ra'anan Ben-Zur	3443 Kingsboro Rd NE, Ste 2313		Atlanta, GA 30326	
DIR	Shoshanna Ben-Zur	3443 Kingsboro Rd NE, Ste 2313		Atlanta, GA 30326	
DIR	Bud Pyles	3443 Kingsboro Rd NE, Ste 2313		Atlanta, GA 30326	
SEC	Richard Dittmyre	3429 Jug Park Drive		Greenacres, FL 33467	
REINSTATEMENT				OCT 01 2014	
				R. HUNT	
10. E-mail Address: <u>admin.fqh@frenchquarterhospitality.com</u> (To be used for future annual report notification)					
11. 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., and that all fees owed by the corporation have been paid. Further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
SIGNATURE: 		Richard Dittmyre, Secretary 10/1/14 (404)263-2166			

Division of Corporations

Page 1 of 1

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Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
FRENCH QUARTER HOLDINGS, INC.**

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OCT 01 2014

R. HUNT

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