


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p> <p style="text-align: center;">  </p> <p style="text-align: center;"> FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS </p>		<p style="text-align: right;">FILED</p> <p style="text-align: right;">98 JAN 26 PM 4:21</p> <p style="text-align: right;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																													
<p>DOCUMENT # P 960000 85665</p>																															
<p>1. Corporation Name</p> <p style="font-size: 1.2em;"><i>Italian Mediterranean Cousine, Inc.</i></p>																															
<p>Principal Place of Business</p> <p><i>1747 Alton Road. Miami Beach, FL 33139</i></p>		<p>Mailing Address</p> <p><i>1747 Alton Road Miami Beach, FL 33139</i></p>																													
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>																															
<p>2. New Principal Office Address, if Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>		<p>3. New Mailing Address, if Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>																													
		<p>4. Date Incorporated or Qualified To Do Business in Florida</p> <p style="font-size: 1.2em;"><i>10-16-96</i></p>																													
		<p>5. FEI Number</p> <p style="font-size: 1.2em;"><i>65-0706293</i></p>																													
		<p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																													
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P</td> <td><i>Alessis Ferdinando</i></td> <td><i>891 S.E. 1st St.</i></td> <td><i>Hialeah, FL 33010</i></td> </tr> <tr> <td>VP.</td> <td><i>Michele Inganti</i></td> <td><i>2020 PRAIRIE Ave. #2</i></td> <td><i>Miami, Beh, FL 33139</i></td> </tr> <tr> <td>Secy.</td> <td><i>Nicole Inganti</i></td> <td><i>2020 PRAIRIE Ave. #2</i></td> <td><i>Miami Beach, FL 33139</i></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	P	<i>Alessis Ferdinando</i>	<i>891 S.E. 1st St.</i>	<i>Hialeah, FL 33010</i>	VP.	<i>Michele Inganti</i>	<i>2020 PRAIRIE Ave. #2</i>	<i>Miami, Beh, FL 33139</i>	Secy.	<i>Nicole Inganti</i>	<i>2020 PRAIRIE Ave. #2</i>	<i>Miami Beach, FL 33139</i>												
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<p>8. Name and Address of Current Registered Agent</p> <p><i>KAHN, DONALD J.</i> <i>317 71st Street.</i> <i>Miami Beach, FL 33141</i></p>		<p>9. Name and Address of New Registered Agent</p> <p>Name <i>Peter Z. Petr.</i> Street Address (P.O. Box Number is Not Acceptable) <i>1200 N.E. 207th St.</i> Suite, Apt. #, Etc. City <i>Miami, FL</i> State <i>FL</i> Zip Code <i>33179</i></p>																													
<p>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.</p> <p>Signature of Registered Agent <i>[Signature]</i> Date <i>01-19-98</i></p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																															
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)</p>																															
<p>12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p> <p>SIGNATURE: <i>[Signature]</i> <i>01/19/98 (305) 884-1831</i></p>																															

CR2E040 (12/95)

(2)

January 18, 1998

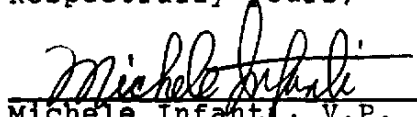
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: ITALIAN MEDITERRANEAN
COUSINE, INC.
Doc. # P96000085665
EIN. 65-0706293

TO WHOM IT MAY CONCERN:

As per our conversation please be advised that the 1997 Corporate Annual Report was not filed due to an illness in the family. I was required to be out of the country and the individual left in charge failed on this point. I implore that you abate the penalties and accept my payment for 1997 of \$165.00 and my 1998 renewal of \$150.00. Your assistance in this matter will be greatly appreciated.

Respectfully yours,


Michele Infantino, V.P.