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The state of the s FLORIDA DEPARTMENT OF STATE APPLICATION FILED Katherine Harris FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 00 MAY 24 AM 10: 57 **DOCUMENT # P97000008380** Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA Food-Time Restaurants, Inc. Principal Place of Business Mailing Address 3. Date incorporated or Qualified 3a. Date of Last Report 1/27/1997 2. Principal Place of Business 24. Mailing Address 4. FEI Number Applied For 21 21716 Wapford Way 26 21716 Wapford Way 65-0770749 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Pinancing Trust Pund Contribution \$5.00 May Bo 23 Boca Raton FL 28 Boca Raton FL Added to Focs Zip County Zip County 8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes No. 24 33486 25 Palm Beach 29 33486 30 Palm Beach ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Corporate Creations Enterprises Inc. None Street Address (P.O. Box Number is Not Acceptable) 941 Fourth Street #200 R 85 Zip Code CXy 84 Miami Beach FL 33139 11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or look, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and after the objections of, Section 607.0505, Florida Statutes. SIGNATURE Randy A. Fernandez, Vice President 5/24/2000 Signature, typed or print name of registered agent and title if applicable (NOTE: Registered Agant signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Director TILE ☐ DELETE 1.1 TITLE Change Addition Paul Wiseberg NAME 1.2 NAME 21716 Wapford Way STREET ADDRESS Boca Raton, FL 33486 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CUTY-ST-ZIP TTILE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-21P ☐ DELETE TTEL Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TTILE 4.1 TTTE ☐ Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DBLETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on attachment with an address.

SIGNATURE

Paul Wischerg by R. A. Fernandez, as attorney in fact 5/23/2000 (305)672-0686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Online Phone 8 6.4 CETY-ST-ZIP

Division of Corporations

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