


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PA180036572</u>			
1. Corporation Name <u>SPILL THE BEANS INC</u>			
2. Principal Office Address <u>1654 N FEDERAL HWY</u>		3. Mailing Office Address <u>SAME</u>	
Suite, Apt. #, etc. <u>1654 N FEDERAL HWY</u>		Suite, Apt. #, etc. <u>SAME</u>	
City & State <u>BOCA RATON FL</u>		City & State <u>SAME</u>	
Zip <u>33432</u>	Country <u>USA</u>	Zip <u>SAME</u>	Country <u>SAME</u>
4. Date Incorporated or Qualified To Do Business in Florida <u>4-24-97</u>		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name <u>JOHN FLAGG</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>1654 N FEDERAL HWY</u>			
Suite, Apt. #, Etc. <u></u>			
City <u>BOCA RATON</u>		State <u>FL</u>	Zip Code <u>33432</u>
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent <u>[Signature]</u>		Date <u>9-25-00</u>	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	<u>JOHN R FLAGG</u>	<u>1654 N FEDERAL HWY</u>	<u>BOCA RATON FL 33432</u>
TREASURER	<u>JANET C FLAGG</u>	<u>1654 N FEDERAL HWY</u>	<u>BOCA RATON FL 33432</u>
V. PRES			
SECRETARY			
10. 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: <u>[Signature]</u> <u>JOHN R FLAGG</u>		Date _____ Daytime Phone # _____	

CR2E081 (9/99)



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# CATERING CONTRACT

1654 N. Federal Hwy.  
Boca Raton, FL 33432  
561-394-6560 Fax 561-394-6685

TO WHOM IT MAY CONCERN:

BACK IN 1997 I FILED FOR A CORPORATION IN THE  
NAME OF SPILL THE BEANS INC. MY ADDRESS AT THE TIME  
WAS 1791 BLOUNT RD IN BOCA RATON BEACH FL.  
BEING A FIRST TIME CORPORATION I DID NOT KNOW ABOUT  
FILING CORPORATE PAPERS EACH YEAR, AND HAVING THAT ADDRESS  
FROM WHICH I MOVED IN MAY THE MAIL WAS NEVER  
FORWARDED TO MY RESTAURANT ADDRESS. IT WAS NOT  
UNTIL LAST MONTH THAT I CALLED THE STATE WITH  
ANOTHER QUESTION THAT THEY TOLD ME OUR CORPORATION  
WAS DISSOLVED, AND THAT'S WHEN I FOUND OUT ABOUT  
CORPORATE FILING AND THE OLD ADDRESS. I AM SORRY  
AND FEEL STUPID BUT IF YOU COULD MAKE A ONE TIME  
ACCEPTION MY WIFE AND I WOULD GREATLY APPRECIATE IT.  
I WAS TOLD TO SEND IN THIS LETTER AND A CHECK  
FOR \$450.00 AND YOU WOULD CONSIDER THIS. THANK YOU