
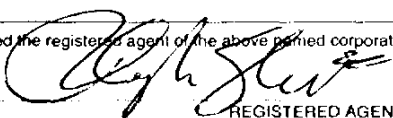
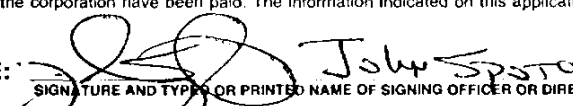


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> FILED 99 FEB 19 AM 8:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
DOCUMENT #P97000048027					
1. Corporation Name SPOTO RESTAURANT CORPORATION					
Principal Place of Business 2439 24th Way West Palm Beach, Fl. 33407 125 DATUZA ST. WEST PALM BEACH, FL 33401		Mailing Address 2439 24th Way West Palm Beach, Fl. 33407 125 DATUZA ST. WEST PALM BEACH, FL 33401			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable N/A Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, If Applicable N/A Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 5/30/97 5. FEI Number 65-0760758 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
DO NOT WRITE IN THIS SPACE <div style="border: 1px solid black; padding: 2px; display: inline-block;"> \$8.75 Additional Fee required for a Certificate of Status </div>					
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
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		
D	John Spoto	2439 24th Way	West Palm Beach, Fl. 33407		
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> REINSTATEMENT </div>					
8. Name and Address of Current Registered Agent Philip M. Sprinkle, II 777 South Flagler Drive Suite 900, East Tower West Palm Beach, Fl. 33401					
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code					
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. Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date 12/21/98					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax)					
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.					
SIGNATURE:  John Spoto SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1/21/99 Daytime Phone # 561-935-1929					

C82E040 (12/95)