APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

98 DEC 31 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000048332

1. Corporation Name
Concession Management of Palm Beach, INC

REINSTATEMENT 98

Principal Place of Business	Mailing Address
see below	

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
3601 W Commercial Blvd	Same
Suite, Apt. #, etc.: 4	Suite, Apt. #, etc.
City & State: Ft. Lauderdale Fl	City & State
Zip: 33309 Country: Broward	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 6-2-97

5. FEI Number: 65-0759123 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Number.)	4 City / State / Zip
Dir VP	Tamea Behrent Graham	3601 W Commercial Blvd	Ft Lauderdale FL, 33301
Pres Dir	Cesar Jimenez	" " "	" " "
DIR V.P.	David E Graham	" " "	" " "
			500002730765--6
			-01/05/99--01075--001
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

UCC Filing and Search Services, Inc.
526 E Park Ave
Tall. FL 32301

9. Name and Address of New Registered Agent

Name: David E Graham
Street Address: (P.O. Box Number is Not Acceptable) 3601 W. Commercial Blvd.
Suite, Apt. #, Etc.: 4
City: Ft. Lauderdale FL 33309 State: FL Zip Code: 33309

CR2E046 (12/96)

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: David E Graham (REGISTERED AGENT MUST SIGN) Date: 12-29-98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: [signature] CESAR JIMENEZ, PRES 12-30-98 954-777-0252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #