

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		APPROVED 99 FEB 15 PM 2:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P91000097813					
1. Corporation Name Juicy Lucy's, Inc					
Principal Place of Business 6600 N. ANDREWS AVE. SUITE 350 FT. LAUDERDALE, FL 33309			Mailing Address SAME		
If above addresses are incorrect in any way, line through incorrect information and enter correction below					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida MARCH 1988	
5. FEI Number 65-0048852				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$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	2	3	4		
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		
PRES/CEO/DIR	ANTHONY G. FOSTER 5029 NW 106 WAY CORAL SPRINGS, FL 33076				
DIR	THOMAS L. BUNGARDNER 7000 WEST CENTER ROAD #115 OMAHA, NE 68106				
DIR	SUZANNE GRADY 2271 EAST 1ST ST APT 27 FT MYERS, FL 33901				
SEC	E.W. WALLHAUSEN 6600 N ANDREWS AVE #350 FT LAUDERDALE, FL 33309				
8. Name and Address of Current Registered Agent E.W. WALLHAUSEN 6600 N. ANDREWS AVE SUITE 350 FT LAUDERDALE, FL 33309			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL 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 <i>E.W. Wallhausen</i> REGISTERED AGENT MUST SIGN Date 2-8-99					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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: <i>E.W. Wallhausen</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2-8-99 (954) 772-3444 Date Daytime Phone #		

CP2E081 (12/98)