

P98000006732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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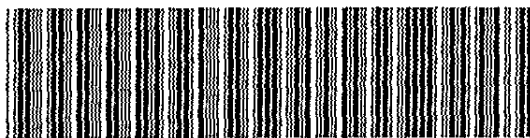
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION
03 APR 14 PM 3:05

R.A. Resig.

V SHEPARD APR 21 2003

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cafe La Fontaine Restaurant, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P98000006732

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph L. Raia

(Name of Person)

Holtzman Equels

(Name of Firm/Company)

2601 S. Bayshore Drive, Suite 600

(Address)

Miami, Florida 33133

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph L. Raia

(Name of Person)

at (305) 859-7700

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR 14 PM 3:05

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,


Florida Statutes, the undersigned, HKE&F Registered Agent Corp.
(Name of Registered Agent)

hereby resigns as Registered Agent for Cafe La Fontaine Restaurant, Inc.
(Name of Corporation)

P98000006732
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


(Signature of Resigning Agent)

If signing on behalf of an entity:

Sylvan N. Holtzman
(Typed or Printed Name)

Registered Agent
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314