PLEASE READ	ALL INSTR	UCTIONS	BEFORE C	OMPLET	ING THIS FOR	M 1 1	
APPLICATION APPLIC	F/JOS	RTMFN chering to ecretary to ion of corpor	F STATE		SECRETARY OF TALLAHASSEE.	STATE	•
DOCUMENT # P98000010637  1. Corporation Name  CYMBAL FAMILY RESTAURANT, INC.				01 OCT 18 PH 1: 02			
Principal Place of Business Mailing Address  3475-ROCKCLIFF PLACE  3475 ROCKCLIFF PLACE							
LONGWOOD FL 02779—  If above addresses are incorrect in any way, line thro	LONGWOOD FL 3	32779	correction below.			! HOU DOILE DIFEE 12111 1001 1781 	
4260 ALOMA AVE		failing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     02/03/1998			
Suite, Apt. #, etc.  City & State  City & State  City & State				5. FEI Number		Applied For Not Applica	
Zip Country USA	Zip	Country	у	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee req for a Certificate of State	
7. Names and Street Addresses of Each Officer and/	or Director (Florida				ſ		
			eet Address of Each icer and/or Director				
P HERBERT, LAWRENCE	3475 ROCK CLIFF		LONGWOOD FL 32779				
		я					
				10	0000466		<b>→</b>
					-11/01/01- ****150.0	-01035013	<del></del>
					·	SP	
						المستعن	
8. Name and Address of Current Registered Agent			Name	9. Name and A	ddress of New Register	ed Agent -	,
HERBERT, LAWRENCE			Street Address (P.O. Box Number is Not Acceptable)				
3475 ROCK CLIFF PLACE LONGWOOD FL 32779			Suite, Apt. #, Etc.				
<u>.</u>			City State Zip Code				
10. I, being appointed the registered agent of the above.	ve named corporation	on, am familiar wit	th and accept the ob	oligations of Section	on 607.0505, F.S.	,	
Signature of Agent Hubit Cery Green REDISTERED AGENT MUST SIGN					Date 10/13	<del>.</del> /01	
11. I certify that I am an officer or director or the receive this reinstatement application, the reason for disso owed by the corporation have been paid and the non this application is true and accurate, and my signature.	lution has been elim ames of individuals	ninated, the corpor listed on this form	rate name satisfies t n do not qualify for a	the requirements an exemption und	of section 607.0401 or 613	7.0401, F.S., that all fees	;

SIGNATURE:

10/15/01 804 9683
Date Daytime Phone #

CR2E040 (8/01)

M Donalds

## CYMBAL FAMILY RESTAURANT, INC.

4260 Aloma Avenue

Winter Park, Florida 32792

(407) 657-7348



HERB LAWRENCE Owner/Operator

10/15/01

To: DIVISION OF CORPORATIONS

ANNUAL REPORT/REINSTATEMENT SECTION

FROM: CYMBAL FAMILY RESTAURANT, INC HERBERT LAWRENCE, PRESIDENT

PLEASE FIND ENCLOSED MY ANNUAL REPORT FEE OF \$61.25 AND CORPORATE SUPPLEMENTAL FEE OF 88.75. TOTAL \$15000.

PLEASE WAIVE THE REINSTATEMENT FEE AS THIS ID THE FIRST NOTICE RECEIVED.

SINCERELY,

Hubit Laure, PRESIDENT

HERBERT LAWRENCE, PRESIDENT