APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris,

Secretary of State

DIVISION OF CORPORATIONS

P98000011348 **DOCUMENT#**

1. Corporation Name

FILED SECRETARY OF STATE OF VISION OF CORPORATIONS

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PHILLY STEAK EXPRESS OVIEDA, INC.									- ••	
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Principal Place of Business Mailing		Mailing Addr	ess	200	000 HORIZ	ON WILL	/ 	53(A) 3(AB) ((\$AA S	im Cinh i i t m i nn i	
1510 OVIEDA MARKETPLACE 1519 OVIED			A MARKEIPLACE STE 170							
SPACE 1305 SPACE 13 OI :DO FL 32765		SPACE 1305 OVIEDO FL 3	FL 32765 M + / 1 1 1 / h)			1 (A)				
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li vove addresses are incorrect in any way, line through incorrect information and enter a w Principal Office Address, If Applicable 3. New Mailing Office Address,					correction below.					3
30		20000	20000 HURIZON WAY			4. Date Incorporated or Qualified To Do Business in Florida 02/04/1998				
Suitě, Apt. #, etc.			Súite, Apt. #, etc.			5. FEI Number Applied For				
City & State		City & State AUFL			NJ				Not Applicable	_
Zip Country Zip		Zip (7)	Country Country			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)										
Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director								
P				415 ROUTE 70 EAST SUITE 412			CHERRY HILL NJ 08034			
			STE			170 MALLAUREL MIT			11.7	
			5/6			0805			08054	_
						10	1000035213012			
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<u> </u>									11/2/2/	
<u> </u>	8. Name and Address of Current	Registered Age	ent		9. Name and A	Address of New Regis	tered Agent	7		
					N					6
C T CORPORATION SYSTEM					Street Address (P.O. Box Number is Not Acceptable)					
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Suite, Apt. #, Etc.			· 		CR2E040 (8/00)	
PLANTATION PL 33324										
					City			State Zip C	ode	
,	g appointed the registered agent of the abo	ove named corpo	oration, am f	amiliar wit		oligations of Secti	_			
Signature o Registered	Agent	GISTERED AG	ENT MUST	SIGN	HRED_		Date . // . 2	2.2	ove	
									l et et e Eli	
11.1 certify that I am an offilé 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)(f), F.S. The information indices.									., that all fees	
	y the corporation have been paid and the application is true and accurate, and my si						aer section 119.07(3)(i)	, r.ə. The Info	rmation indicated	
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SIGNAT	TURE: SIGNATURE AND TYPED OF THE	ICHING OFF		RECTOR		1-16-00 °	856-7.	W-0/11		
	ANDREW) COS	EN	VA	J.C.		∪aïe	Daytime Ph	one #	

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