


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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FILED

01 DEC 28 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000013841**

1. Corporation Name

**AMERICAN BOWL CORP.**

Principal Place of Business	Mailing Address
6744 NORTHEAST 4TH AVENUE MIAMI FL 33138	P.O. BOX 402766 MIAMI BEACH FL 33140



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/11/1998	
City & State		City & State		5. FEI Number <b>65-0812185</b>	
Zip		Zip		APPLIED FOR	
Country		Country		<input type="checkbox"/> CERTIFICATE OF STATUS DESIRED <input 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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	STERN, ORLY	4396 PINETREE DRIVE	MIAMI BEACH FL 33140
VP	STERN, JEFF	4396 PINETREE DRIVE	MIAMI BEACH FL 33140
			500004765515--9
			-01/10/02--01077--014
			****150.00 ****150.00
			LS

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
STERN, ORLY		Name	
4396 PINETREE DRIVE		Street Address (P.O. Box Number is Not Acceptable)	
MIAMI BEACH FL 33140		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL

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 *[Signature]* **SIGNATURE REQUIRED** Date 10/10/01

REGISTERED AGENT MUST SIGN

11. 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]* **SIGNATURE REQUIRED** Date 10/10/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/01)

To Whom it may concern,

We have not received these forms until Nov 12, 2001. Our mailing address has changed to

4396 pinetree Drive  
Miami Beach, FL 33140.

We were unable to access the PO Box mail. I'm sorry for the confusion. We are working on a FEI # w/ a man named Richard Monypenny at the IRS. I am enclosing a check for \$150 for each cooperation. Please call me when you receive this letter at 305-606 8396 so we can make sure that everything is okay. Thanks for your help in advance.

Andy S.