## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COF REIN	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS						FILED  03 OCT 15 PH 3: 06  SECRETARY OF STATE TALLAHASSEE, FLORIDA											
DOCUMENT # P98000058983  1. Corporation Name												SECRETALLAHA	NRY ( SSEE	FLO	AŪİЯ			
Culi	nary Con	cepts	, Inc.	•														
2. Principal Office Address 3. Mailing							Office Address											
837 5th Avenue South					837 5th Avenue South													
· · ·						Suite, Apt. #, etc.												_
Suite 100						Suite 100						4. Date Incorporated or Qualified 7/1/98 To Do Business in Florida 7/1/98						
· ·					•	City & State Naples, Florida						nber	•			App	lied For	$\dashv$
Naples, Florida				<u> </u>	es,	Fiorida				59-3520957					<del></del>	Applicable	e	
zip 34102	2 USA			Zip 3410	2	USA				CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee refor a Certificate of St								
					7	7. N	ame and Ad	dress of	Current Re	gistere	d Agent		•			•		, .
	Name Gre	egory	G. C	uillen														
	Street Address (P.O. Box Number is Not Acceptable) 837 5th Avenue South											1000	22			-2		
	Suite, Apt. #, Etc. Suite 100									u i	107	(5/03	<u>Oligi</u> i	<u>- 90</u>		£ <b>]</b> 50	00	
	City Naples, Florida								· <b>v</b>	State Zip Code FL 34102								
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obl  Signature of  Registered Agent  REGISTERED AGENT MUST SIGN											ligations of se	ection 607.05	10/	7.0503, F 1/03	.s	••		1 CR2E081 (10/02)
9. Names	and Street Add	resses of	Each Ot	<del></del>	//				ons must lis	t at lea	st 3 directors	٠.		***				┨`
Titles	and Street Addresses of Each Officer and/or Director (Fig Name of Officers and/or Directors						Street Address of Each Officer and/or Director								tate / Zip	te / Zip		
D	Gregory G. Quillen						837 5th Avenue South, Suite				e 100 Naples, Florida 3				34102			
D	Thomas F. Gilbertson						837 5th Avenue South, Suite					Naple	Naples, Florida 34102					
			<del></del>			_							VI	-				
						_							·					
this rein owed by	that I am an off estatement appli y the corporation application is tru	ication, th n have be	e reason en pajeri	for dissoland the pa	ution has l <del>pres of in</del> c	been dividu	eliminated, ti als listed on	he corpora this form o	te name sat to not qualif	tisfies t y for ar	he requireme rexemption u	nts of section	607 040	11 or 617	0401 F 5	S that a	il fees	
SIGNAT		IATURE	ND TYPE	OR PRIN	TED NAME	OF SI	Gregor		uillen, RECTOR	Dire	ector	10/1/03 Date	3		) 262. sytime Pho		7	

Gregory G. Quillen, Director Culinary Concepts, Inc. 837 5th Avenue South, Suite 100 Naples, Florida 34102

Via Certified Mail Return Receipt Requested (Article Number 7002 0460 0003 1807 3265)

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Culinary Concepts, Inc.
Corporation Reinstatement
Document Number P98000058983

To Whom It May Concern:

I am a Director of Culinary Concepts, Inc., a Florida corporation (the "Corporation"). The Corporation was administratively dissolved on September 19, 2003 for failure to file its 2003 Uniform Business Report ("UBR").

Please be advised that the Corporation never received any notice with respect to the UBR. As such, a representative of your office instructed me to send the enclosed Corporation Reinstatement along with only the original filing fee in the amount of \$150.00. Please file the Corporation Reinstatement.

I appreciate your assistance in this matter. If you have any questions, please feel free to give me a call at (239) 262-4677.

Sincerely,

CULINARY CONCEPTS, INC.

Gregory G. Quillen, Director

Enclosures