PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 OCT -3 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P98000060179

1. Corporation Name
XANDO FLORIDA, **INCORPORATED**

REINSTATEMENT 99-00

2. Principal Office Address	3. Mailing Office Address
242 West 36th Street	242 West 36th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New York, NY	City & State: New York, NY
Zip: 10018 Country: USA	Zip: 10018 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: June 30, 1998

5. FEI Number: 06-1393745 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: UCC Filing & Search Services Inc.

Street Address (P.O. Box Number is Not Acceptable): 526 E Park Avenue

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Ed Hand Date: 10-1-00
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Nicholas Marsh	7 Jones Street #16	New York, NY 10014
VP	David Kaufman	270 Park Ave. So #	New York, NY 10010
Sec.	Andy Stenzler	280 Park Ave. So #17J	New York, NY 10010
Asst. Sec.	Craig Hantgan	200 West 86th Street #5C	New York, NY 10024
Dir.	Daniel G. Levitan	1221 First Ave. Apt 24B	Seattle, WA 98101
Dir.	Creed L. Ford	16106 Chateau	Austin Tx 78734

10. 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: Craig Hantgan August 25 2000 212-653-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #