

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P98000061429</b> 1. Entity Name <b>KFC MIRAMAR, INC.</b>				 SEC DIVISION 06 OCT 10 PM 3:52	
Principal Place of Business <b>6090 MIRAMAR PARKWAY MIRAMAR, FL 33023</b>		Mailing Address <b>2501 HOLLYWOOD BLVD, SUITE 220 HOLLYWOOD, FL 33020</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	10092006 REIN-P CR2E098 (11/05)	
6. Name and Address of Current Registered Agent  <b>SREBRENİK, BURT 2501 HOLLYWOOD BLVD, SUITE 220 HOLLYWOOD, FL 33020</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				4. FEI Number <b>59-1467601</b>	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> Applied For Not Applicable	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>SCHWARTZ, JOSEPH L</b> <b>4040 SHERIDAN ST</b> <b>HOLLYWOOD, FL 33021</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP <div style="text-align: center;"> <b>700080584167</b>  <b>10/10/06--01053--018 **159.75</b> </div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>GRACE, DONNA I</b> <b>4040 SHERIDAN ST</b> <b>HOLLYWOOD, FL 33021</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>[Signature]</i> <b>V.P.</b> <span style="float: right;">10/9/06 9549201802</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					