

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p> <p style="text-align: center;">FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS</p> <p style="text-align: center;">Read Instructions on Other Side Before Making Entries Make Check Payable To: Department of State</p>		<p style="text-align: center;">DO NOT WRITE IN THIS SPACE</p> <p style="text-align: center;">FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p style="text-align: center; font-size: 1.2em;">99 OCT 15 AM 9:10</p>																													
<p>1. Name and Mailing Address of Corporation: DOCUMENT # P98000071340</p> <p>Zeybek, Inc.</p> <p>9139 Vineyard Lake Drive Plantation, FL 33324</p>		<p>2. If Address in Block 1 is incorrect in any way, enter the correct address below:</p> <p>Address _____</p> <p>City and State _____ Zip Code _____</p> <p>3. If Principle Office Address is different from mailing address, enter address below:</p> <p>Address _____</p> <p>City and State _____ Zip Code _____</p>																													
<p>4. Date Incorporated or Qualified To Do Business in Florida</p> <p>August 14, 1998</p>	<p>5. FEI Number</p> <p>65-0859328</p>	<p>FEI Number Applied For _____</p> <p>FEI Number Not Applicable _____</p>	<p>6. \$8.75 Additional Fee required for a Certificate of Status</p> <p>CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></p>																												
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">1 Title(s)</th> <th style="width:25%;">2 Name of Officers and/or Directors</th> <th style="width:30%;">3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width:35%;">4 City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>Pres Dir</td> <td>Bekir Gesoglu</td> <td>9139 Vineyard Lake Dr</td> <td>Plantation, FL 33324</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip	Pres Dir	Bekir Gesoglu	9139 Vineyard Lake Dr	Plantation, FL 33324																				
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<p>REGISTERED AGENT INFORMATION</p> <p>8. Name and Address of Current Registered Agent</p>		<p>9. If changed, new registered agent / office</p> <p>Name John L. Tomlinson</p> <p>Street Address (Do NOT Use P.O. Box Number) 500 NW 62nd Street, Ste455</p> <p>Street Address (Do NOT Use P.O. Box Number) _____</p> <p>City Fort Lauderdale</p> <p>State FL.</p> <p>Zip 33309</p>																													
<p>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.</p> <p>Signature of Registered Agent: <i>John L. Tomlinson</i> Date: 10/14/99</p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																															
<p>11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)</p>																															
<p>12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)</p>																															
<p>13. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p> <p>Signature of Officer or Director: <i>Bekir Gesoglu</i> Date: 10/14/99 Daytime Phone #: 954 325 4963</p> <p>Typed or printed name of signing officer or director: Bekir Gesoglu</p>																															

CR22040 (8/92)

ZEYBEK, INC.
9139 Vineyard Lake Drive
Plantation, FL 33324
954-771-9336

October 14, 1999

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Document #P98000071340

Gentlemen:

Enclosed please find our Application of Reinstatement.

We herewith request that you waive the penalty for failure to timely file our 1999 Corporate Annual Report. The original and second requests were sent to the wrong address. We were alerted about our Administrative Dissolution from the Bureau of Alcohol and Tobacco who are currently processing our application for license. In order to expedite our reinstatement and not knowing if you will recognize our request for penalty waiver, we have included a check for \$750 and \$200. Utilize the one which you deem proper and return the unused one in the return envelope.

Very truly yours



Bekir Gesoglu, President