PLEASE READ ALL INSTRUCTI ONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPAF TMENT OF STATE Kather ne Harris

Secreta y of State

DIVISION OF CORPORATIONS

DOC	UME	NT	#
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P98000107145

1. Corporation Name

RESTAURANT MANAGEMENT PARTNERS, INC.

Principal Place of Business

Mailing Address

3910 14TH ST. NE

3910 14TH ST. NE

ST. PETERSBURG FL 33703

ST. PETERSBURG FL 337/3

FILED

01 MAY -4 PM 6: 17

SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Maili			ress, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 12/28/1998 5. FEI Number Applied For			
Suite, Apt. #, etc. Suite, Apt. #, City & State City & State		etc.					
		<u></u>		59-3547993		Not Applicable	
Zip	Country	Zip		Country	6. CERTIFICA		Additional Fee required a Certificate of Status
7. Names	and Street Addresses of Each Officer ar	nd/or Director (Flori	ida nonprofi	corporations must list at	least 3 directors)		
Title(s)	Name of Officers		Street Address of Each Officer and/or Director City / State / Zip 4		e / Zip		
D PRITCHARD, THOMAS A			3910 14	IH ST. NE		ST. PETERSBURG FL 33	703
						00004271 -05/18/010 ****900.00	4815 0090-014 ****900.00
					PENSTATEMENT 00-01: 1 18		
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent			
CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BOULEVARD #211 PALM BEACH GARDENS FL 33418			Street Address	Name A. PAITCHAM Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. ST. PETENSAUAL, Ft. 33703 City PETENSAUNLA State Zip Code FL 23703			
10. i, being Signature o Registered	Agent	hove named como	<u> </u>	-	obligations of Se	1 - =	0-01

SIGNATURE:

SIGNATURE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14-30-01

Daytime Phone #