PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR

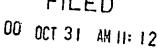






FILED

SECRETARY OF STATE TALLAHASSEE FLORIDA





DOCUMENT #	P99000056675	
Corporation Name		

INNOVATIVE RESTAURANT ENTERPRISES, INC.

Principal Place of Business

Mailing Address

3017 E COMMERCIAL BLVD FT LAUDERDALE FL 33308

3017 E COMMERCIAL BLVD FT LAUDERDALE FL 33308

If above addresses are incorrect in any way, line through incorrect information and enter correction below. 4. Date Incorporated or Qualified To Do Business in Florida 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 06/22/1999 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State Not Applicable 6. \$8.75 Additional Fee required Country Zip Country Zip CERTIFICATE OF STATUS DESIRED | for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Officers City / State / Zip and/or Directors Officer and/or Director Title(s) 1800 NE 114TH STREET, APT. 1003 D DASH, HARRIET E 800003469568--6 -11/20/00---01013---017 ****150.00 ****150.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name JENNINGS, EDWARD J ESQ Street Address (P.O. Box Number is Not Acceptable) 200 SE 18TH COURT Suite, Apt. #, Etc. FT LAUDERDALE FL 33316 Zip Code City State 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.

11. 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 filling 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 of Registered Agent

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN



LAW OFFICES OF

Edward J. Jennings, P.A.

EDWARD J. JENNINGS

200 S.E. IBTH COURT
FORT LAUDERDALE, FLORIDA 333I6

TELEPHONE (954) 764-4330 FACSIMILE (954) 764-4502

October 25, 2000

Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, Florida 32314-6327

RE: In

Innovative Restaurant Enterprises, Inc. - Document # P99000056675

Schrama Reality, Inc. - Documents # P96000005102

Dear Sir or Madam:

Enclosed for your convenience please find two notice of administrative dissolution or revocation of corporation forms and my client's checks in the amount of \$150.00 each for reinstatement. Please be advised that my client never received notice of the renewal forms from the Secretary of State nor did I. I would greatly appreciate your waiving the late reinstatement fees and reinstating the corporations.

Thank you very much for your anticipated cooperation.

Very truly yours,

Edward J. Jennings

EJJ/js Enclosures