


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC -4 AM 8:01

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99-0000-63128

1. Corporation Name
ALICE'S KITCHEN 2 INC.

2. Principal Office Address 6220 S. Dixie Highway		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33143	Country Miami-Dade	Zip	Country

600009346576
12/04/02--01034--018 **1050.00

REINSTATEMENT 00-02

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-994-4451	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
ALICE GOODHART

Street Address (P.O. Box Number is Not Acceptable)
6220 S. DIXIE HIGHWAY

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33143

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 *Alice Goodhart* REGISTERED AGENT MUST SIGN

Date December 4, 2002

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
D	Alice Goodhart	6220 S. Dixie Highway	Miami, FL 33143

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: *Alice Goodhart* DIRECTOR

Signature and Typed or Printed Name of Signing Officer or Director

Date December 1, 2002

Daytime Phone # 305-665-2229

12/16/02 PD

CR2E081 (9/01)