
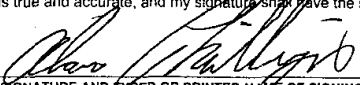


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000087756			
1. Corporation Name SERAL RESTAURANT GROUP, INC.			
2. Principal Office Address 2600 N. Military Trail Suite, Apt. #, etc. City & State Boca Raton, FL Zip 33431		3. Mailing Office Address c/o Rutherford, Mulhall & Wargo 2600 N. Military Trail Suite, Apt. #, etc. City & State Boca Raton, FL Zip 33431	
		4. Date Incorporated or Qualified To Do Business in Florida 10/5/99	
		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Rutherford, Mulhall & Wargo, P.A.			
Street Address (P.O. Box Number is Not Acceptable) 2600 N. Military Trail, 4th Floor			
Suite, Apt. #, Etc.			
City Boca Raton			
State FL			
Zip Code 33431			
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 Steven Sloane Newburgh, as agent for Rutherford, Mulhall & Wargo, P.A.			
Date 12/11/01			
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,P,S	Alan Phillips	2600 N. Military Trail, 4th Flr	Boca Raton, FL 33431
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:  Alan Phillips, President			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date 12/11/01			
Daytime Phone # 561-687-8710			

FILED

01 DEC 20 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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