

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 NOV 20 PM 1:57

DOCUMENT # **513656**

1. Corporation Name
Restaurant Adventures Inc.

Principal Place of Business Mailing Address
**1016 East Semoran Blvd.
 Casselberry Fl. 32751**

REINSTATEMENT 92-00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		1016 East Semoran Blvd.		1992	
City & State		Casselberry FL		5. FEI Number	
Zip		32707		59-3038859	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				Applied For	
				Not Applicable	
8.75 Additional Fee required 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	Blake C. Alders	105 Oakleigh Drive Maitland, FL	Maitland Florida
VP	Blake C Alders	32751	32751
Sec/Treas	Blake C Alders		
			300003496933--4 -12/12/00--01042--027 ***1950.00 ***1950.00
			AMM

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Susan E Alders 105 Oakleigh Dr. Maitland FL 32751		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State FL Zip Code	

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.
 Signature of Registered Agent Susan E Alders Date 11/15/00
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: Blake C Alders **BLAKE C ALDERS** Date 11/15/00 407) 767 8232
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/98)