

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith Secretary of State DIVISION OF CORPORATIONS

FILED

02 OCT 24 PM 1:39

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # S13656

1. Corporation Name RESTAURANT ADVENTURES, INC.

Principal Place of Business 1016 EAST SEMORAN BLVD CASSELBERRY FL 32751 Mailing Address 1016 EAST SEMORAN BLVD CASSELBERRY FL 32751



REINSTATEMENT 02

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 Suite, Apt. #, etc. City & State Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 11/16/1990 5. FEI Number 59-3038859 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: PVST, ALDERS, BLAKE C, 105 OAKLEIGH DR, MAITLAND FL 32751

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8. Name and Address of Current Registered Agent ALDERS, SUSAN 105 OAKLEIGH DR MAITLAND FL 32751

9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL

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. or 617.0505, F.S.

Signature of Registered Agent: Susan Alders REGISTERED AGENT MUST SIGN Date: 10/19/02

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 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: SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 10/18/02 Daytime Phone #: 407 7678232

CR2E040 (8/02)