PLEASE READ	ALL INSTRUCTI	IONS BEFORE C	COMPLETING THIS	FORM.
APPLICATION FOR AWAREINSTATEMENT	Sandra E Secreta	RTMENT OF STATE B. Mortham ary of State corporations		11
			FILED	
DOCUMENT # S23642 1. Corporation Name			98 MAY 21 PH 12: 57	
MIAMI CHICKEN & GRILL, INC.			SECRETARY OF STATE TALLAHASSFE, FLORIDA	
Principal Place of Business 9400 South Dadeland Blvd. Suite 720 Miami, FL 33156				
If above addresses are incorrect in any way, line through incorrect information and enter correction to 2. New Principal Office Address, If Applicable 3. New Mailing Address 3.			DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified To Do Business in Florida 01-09-91	
9400 S. Dadeland Blvd. Suite Apt # 94720 Suite Apt # 94720				01-09-91
City & State Miami, FL	City & State			Not Applicable
Zip 33156 Country USA	Zip	Country	6. CERTIFICATE OF STATUS DESII	RED S8.75 Additional Fee required to a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)				
Name of Officers and/or Directors 3		Street Address of Each Officer and/or Director O NOT Use Post Office Box N	į	City / State / Zip
				00356
P/D Robert Berg 9400 S. Dadeland B.			.vd., #720 Miami,	, FL 33156
VTSD Steven M. Wemple		00 S. Dadeland Blvd., #720 Miami, FL 33156		
		RE	-05/2	25369562 27/9801087001 1050.00 ***1050.00
8. Name and Address of Current R	egistered Agent		9. Name and Address of New F	Registered Agent
Eric P. Littman 7695 SW 104 Street, Suite 210 Miami, FL 33156 Suite, Apt. #, Etc.				
			P.O. Box Number is Not Acceptable)	
			. #, Etc.	
	City		State 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 Date May 20, 1998 REGISTERED AGENT MUST SIGN				
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No See other side for Information on intangible tax.)				
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Robert Berg, President 5/20/98 (305) 670-0746 SIGNATURE AND TYPED OR PRINTED MARKE OF SIGNING OFFICER OR DIRECTOR Detail Description of Descrip				