

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 JAN 13 PM 12: 43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S60184

1. Corporation Name
M.A.P.P. RESTAURANT, INC.

Principal Place of Business
2011 ALOMA AVE
SUITE 200
WINTER PAK FL 33311
US
Mailing Address
2011 ALOMA AVE
SUITE 200
WINTER PARK FL 33311
US



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

2. New Principal Office Address... 3. New Mailing Office Address... 4. Date Incorporated or Qualified To Do Business in Florida 06/14/1991
5. FEI Number 65-0367131
6. CERTIFICATE OF STATUS DESIRED \$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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for HITZGES, DAVID J and ALTENO, KENNETH.

REINSTATEMENT

Handwritten signature and date: 1/14/97

8. Name and Address of Current Registered Agent (ROSE & ROSE)
9. Name and Address of New Registered Agent (DAVID J. HITZGES)

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: [Signature]
Date: 12/20/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [] No [X]

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.
SIGNATURE: [Signature]
Date: 12/20/96
Daytime Phone #: (407) 677-7333

CR2E040 (7/96)