
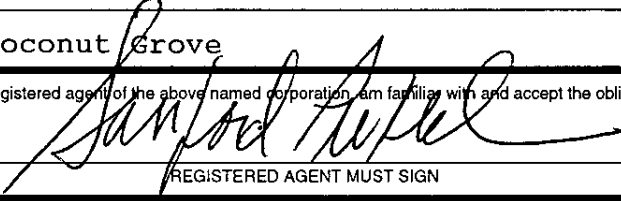
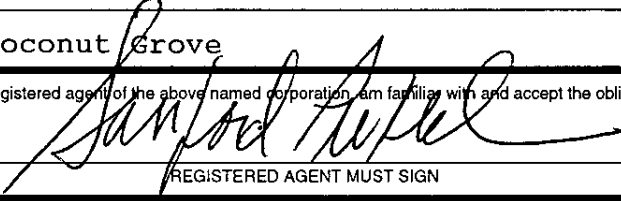
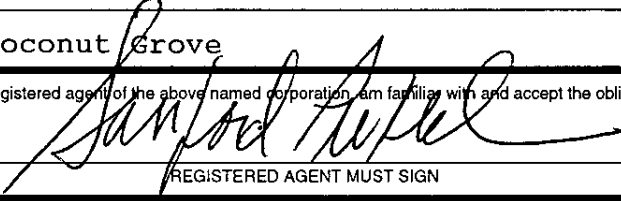
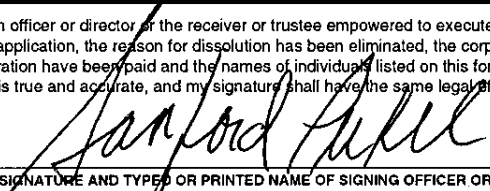
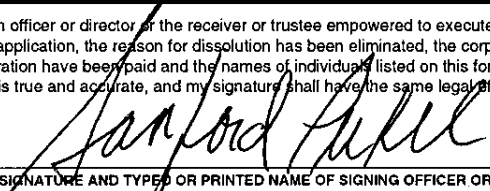
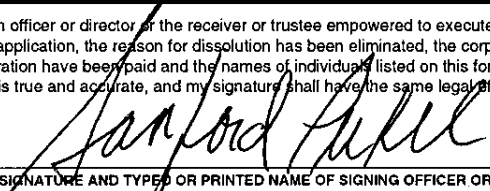


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 APR -1 PM 12:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA 600032493846 04/12/04--01108--006 **900.00																													
DOCUMENT # V46155 1. Corporation Name OAK FEED MARKET & RESTAURANT, INC.																																	
2. Principal Office Address 2830 Oak Avenue <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 2830 Oak Avenue <small>Suite, Apt. #, etc.</small>		4. Date Incorporated or Qualified To Do Business in Florida 6/25/1992 5. FEI Number 650345714 <table border="1" style="width: 100%;"><tr><td style="width: 80%;">6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></td><td style="width: 20%;">\$8.75 Additional Fee required for a Certificate of Status</td></tr></table>		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status																										
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<small>Zip</small> 33133	<small>Country</small> USA	<small>Zip</small> 33133	<small>Country</small> USA																														
7. Name and Address of Current Registered Agent <table border="1" style="width: 100%;"><tr><td colspan="2"><small>Name</small> Sanford J. Pukel</td></tr><tr><td colspan="2"><small>Street Address (P.O. Box Number is Not Acceptable)</small> 2830 Oak Avenue</td></tr><tr><td colspan="2"><small>Suite, Apt. #, Etc.</small></td></tr><tr><td><small>City</small> Coconut Grove</td><td><table border="1" style="width: 100%;"><tr><td><small>State</small> FL</td><td><small>Zip Code</small> 33133</td></tr></table></td></tr></table>		<small>Name</small> Sanford J. Pukel		<small>Street Address (P.O. Box Number is Not Acceptable)</small> 2830 Oak Avenue		<small>Suite, Apt. #, Etc.</small>		<small>City</small> Coconut Grove	<table border="1" style="width: 100%;"><tr><td><small>State</small> FL</td><td><small>Zip Code</small> 33133</td></tr></table>	<small>State</small> FL	<small>Zip Code</small> 33133																						
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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. <table border="1" style="width: 100%;"><tr><td style="width: 60%;">Signature of Registered Agent </td><td style="width: 40%;">Date 3/29/04</td></tr></table> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>						Signature of Registered Agent 	Date 3/29/04																										
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9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td>P/D</td><td>Sanford J. Pukel</td><td>2830 Oak Avenue</td><td>Coconut Grove, Fl 33133</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P/D	Sanford J. Pukel	2830 Oak Avenue	Coconut Grove, Fl 33133																				
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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. <table border="1" style="width: 100%;"><tr><td style="width: 40%;">SIGNATURE: </td><td style="width: 20%;">3/29/04</td><td style="width: 40%;">(305) 446-9036</td></tr><tr><td style="text-align: center;"><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></td><td style="text-align: center;"><small>Date</small></td><td style="text-align: center;"><small>Daytime Phone #</small></td></tr></table>						SIGNATURE: 	3/29/04	(305) 446-9036	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>																						
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