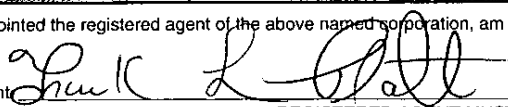PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | FILED 05 JAN -3 PM 4:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA |

DOCUMENT # V68987

1. Corporation Name
Platt Cafes, Inc

REINSTATEMENT 03-04

2. Principal Office Address
901 US27 N,
Sebring, Fl 33870

Suite, Apt. #, etc.
Suite # 22

City & State
Sebring, Fl 33870

Zip 33870 Country USA

3. Mailing Office Address
9041 Lake Lynn Dr
Sebring, Fl 33876

Suite, Apt. #, etc.

City & State
Sebring, Fl 33876

Zip 33870 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10/02/92

5. FEI Number 59-3145137   Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Frank L. Platt

Street Address (P.O. Box Number is Not Acceptable)
9041 Lake Lynn Dr

Suite, Apt. #, Etc.

City Sebring   State FL   Zip Code 33876

2000438000002
01/03/05--01023--005 **900.00

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.

Signature of Registered Agent _Frank L. Platt_   Date 12-29-04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Platt, Linda C	9041 Lake Lynn Dr	Sebring, Fl 33876
V	Platt, Frank L	9041 Lake Lynn Dr	Sebring, Fl 33876

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.

SIGNATURE: _Linda C. Platt_ Linda C Platt   12/29/04   863 381-1495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #