FILED

96 DEC -4 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

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

REINSTATEMENT 96

DOCUMENT # V69410

1. Corporation Name

Next Restaurant Corporation

800002022588--6
-12/06/96--01087--025
****383.75 ****383.75

Principal Place of Business
1417 Washington Avenue
Miami Beach, Florida 33139

Mailing Address
PO Box 586
Miami Beach
33139

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	10-5-92
City & State	City & State	5. FEI Number: 65-0361310 — Applied For / Not Applicable
Zip / Country	Zip / Country	6. ✓ CERTIFICATE OF STATUS DESIRED

7. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Number) 3	City / State / Zip 4
P-S	J. Peter Morgan	1417 Washington Ave.	Miami Beach, FL 33139
			NB 12-4-96

8. Name and Address of Current Registered Agent

George Brito
407 Lincoln Road, #5B
Miami Beach, Florida 33138

9. Name and Address of New Registered Agent

Name: Keith D. Diamond
Street Address P.O. Box Number is Not Acceptable: 46 S.W. First Street, #400
Suite, Apt. #, etc.
City: Miami FL 33130

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 12/2/96
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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information required is deemed exempt from public access. I certify that I am an officer or director of the member or trustee corporation to execute this application as provided for in Chapter 607 or 617, F.S. I further certify that upon filing this Reinstatement application the names for disassociated from Chapter 607 and/or 617, 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: Peter Morgan J. Peter Morgan 12/2/96 305 532-7500
SIGNATURE AND TYPE OR PRINT NAME OF EXECUTIVE OFFICER OR DIRECTOR — Date — Daytime Phone #