


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT <i>98-00</i>		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V73583 1. Corporation Name <p style="text-align: center;">CULINARY CONCEPTS, INC.</p>			
2. Principal Office Address 408 Virginia Drive Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 2066 Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Winter Park, FL	
Zip 32803	Country USA	Zip 32790-2066	Country USA

FILED
 00 FEB 28 PM 12: 29
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT *98-00*

4. Date Incorporated or Qualified To Do Business in Florida 10/19/92		Applied For Not Applicable
5. FEI Number 59-3147883		
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		
\$8.75 Additional Fee required for a Certificate of Status		

SP

7. Name and Address of Current Registered Agent	
Name Robert P. Saltsman	
Street Address (P.O. Box Number is Not Acceptable) 222 S. Pennsylvania Avenue	
Suite, Apt. #, Etc. Suite 200	
City Winter Park	State FL
Zip Code 32789	

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 ***1050.00 ***1050.00

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: Robert Saltsman Date: _____

REGISTERED AGENT MUST SIGN

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
PD	Hal Valdes	408 Virginia Drive	Orlando, FL 32803
VPD	Anthony S. Pace	408 Virginia Drive	Orlando, FL 32803
VPD	M.A. Garcia III	601 N. New York Avenue	Winter Park, FL 32789
WPS	Russell Barkett	601 N. New York Avenue	Winter Park, FL 32789

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: Hal Valdes *PHS.* Date: 2/25/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR