

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 14 PM 4:00

DOCUMENT # **F00000004907**

1. Corporation Name

WIBEL'S RESTAURANT GROUP, INC.

Principal Place of Business

581 BENNINGTON
BLOOMFIELD HILLS MI 48304

Mailing Address

581 BENNINGTON
BLOOMFIELD HILLS MI 48304



REINSTATEMENT 01

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

| | | | | | |
|--|--|--|--|--|--|
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 08/30/2000 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | 38-3550027 | |
| | | | | Applied For | |
| | | | | Not Applicable | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|--|---|
| PST | WIBEL, MARK V | 581 BENNINGTON | BLOOMFIELD HILLS MI 48304 |
| CD | WIBEL, MARK V | 581 BENNINGTON | BLOOMFIELD HILLS MI 48304 |
| | | | 300005024883--7 -02/27/02--01087--021 ****750.00 ****750.00 |
| | | | 300005024883--7 -02/27/02--01087--022 ****150.00 ****150.00 |

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

| | | |
|--|-------|----------|
| Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | |
| Suite, Apt. #, Etc. | | |
| City | State | Zip Code |
| | FL | |

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 REQUIRED
Brian Courtney
Asst. V. Pres.
REGISTERED AGENT MUST SIGN

Date

2-13-04

11. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (801)