

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

98 MAY -1 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

V37688  
RANDALLO'S, Inc.

Principal Place of Business

Mailing Address

812 NW 8TH AVE  
FORT LAUDERDALE, FL 33315

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

05-20-92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0333886

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	WILCOX, JOHN R.	812 NW 8TH AVE.	FORT LAUDERDALE, FL, 33315
D	WILCOX, SCOTT A.	812 N.W. 8TH AVE.	FORT LAUDERDALE, FL, 33315
P	WILCOX, DIANE D.	812 N.W. 8TH AVE.	FORT LAUDERDALE, FL, 33315
			500002516065--1 -05/07/98--0114--004 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

RANDY WILCOX  
812 N.W. 8TH AVE  
FORT LAUDERDALE, FL, 33315

9. Name and Address of New Registered Agent

Name: MARK HOLLANDER  
Street Address, P.O. Box Number (Not Acceptable): 9360 SUNSET DRIVE  
Suite, Apt. #, Etc.: SUIT 287  
City: MIAMI  
State: FL  
Zip Code: 33173-373

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

Mark Hollander

REGISTERED AGENT MUST SIGN

Date

4-11-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No

(See other side for information on intangible tax.)

12. 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

WILCOX, JOHN R.

4-24-98 (954) 4250425