L01000007887

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT

CARIBBEAN BAY CAFE, LC

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000007887

1. Limited Liability Company's Name
CARIBBEAN BAY Cafe, LC
6203 GULF Blvd.
ST. PETE Beach, FL 33906

2. Principal Office Address	3. Mailing Office Address
6203 Gulf Blvd	6203 Gulf Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. PETE BEACH, FL	City & State: ST. Pete Beach, FL
Zip: 33906 Country: USA	Zip: 33906 Country: USA

4. State/Country of Formation: FLORIDA / USA
5. Date Organized or Qualified To Do Business in Florida: 05/19/2001
6. FEI Number: 593721857 (Applied For / Not Applicable)
7. CERTIFICATE OF STATUS DESIRED: [X] ($ 00 Additional Fee required for a Certificate of Status)

8. Name and Address of Current Registered Agent

Name: DICK KANE
Street Address (P.O. Box Number is Not Acceptable): 1310 BOCA CIEGA ISLE DRIVE
Suite, Apt. #, Etc.:
City: ST. PETE BEACH, State: FL Zip Code: 33906

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Dick Kane Date: 04/26/2004
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	RICHARD KANE, MGR/M	1310 BOCA CIEGA ISLE DR ST PETE BEACH FL 33706	ST PETE BEACH, FL 33706
MRS	SHEILA KANE, MGR	1310 BOCA CIEGA ISLE DR.	ST PETE BEACH, FL 33706

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S.; I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager: Richard D Kane Date: 04/26/2004 Daytime Phone #: 727 244 8882

Typed or printed name of signing Managing Member/Manager: Richard D. KANE, MGR/M

CR2E031 (1/99)