


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000109570**

1. Corporation Name
SCORES NIGHTCLUB, INC.

2. Principal Office Address 655 Washington Ave.		3. Mailing Office Address 655 Washington Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami Beach, FL		City & State Miami Beach, FL	
Zip 33139	Country Miami-Dade	Zip 33139	Country Miami-Dade

FILED
05 MAY 23 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-05

4. Date Incorporated or Qualified To Do Business in Florida **11/14/2001**

5. FEI Number **651153345**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Steve Gbur**

Street Address (P.O. Box Number is Not Acceptable) **655 Washington Ave**

Suite, Apt. #, Etc.

City **Miami Beach** State **FL** Zip Code **33139**

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06/09/05--01058--013 **1098.75

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 **[Signature]** Date **5/20/05**

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
D	Steven Gbur	655 Washington Ave	Miami Beach, FL 33139

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: **[Signature]** Date **5/20/05** (305) **538-2274**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (01/05)