

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000068135

1. Corporation Name

CONCH HOUSE KEY WEST RESTAURANT & CAFE CORP.

2. Principal Office Address - No P.O. Box #

9631 SW 147TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33165

Country

USA

3. Mailing Office Address

9790 SW 24TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33165

Country

USA

7. Name and Address of Current Registered Agent

Name
YISHAI HAYDELSTIEN

Street Address (P.O. Box Number is Not Acceptable)
9501 SW 147TH STREET

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33176

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

REGISTERED AGENT MUST SIGN

Date 07/17/07

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
P	CARMEN ESTER FLORIAN	9790 SW 24TH STREET	MIAMI, FLORIDA
SVP/S/D	YISHAI HAYDELSTIEN	9790 SW 24TH STREET	MIAMI, FLORIDA
VP	AMIR NAJI	9790 SW 24TH STREET	MIAMI, FLORIDA
T	JESUS AMADO	9790 SW 24TH STREET	MIAMI, FLORIDA
AT	ROLANDO PORTOCARRERO	9790 SW 24TH STREET	MIAMI, FLORIDA
AS	WILLIAM PRAZUELA	9790 SW 24TH STREET	MIAMI, FLORIDA

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/07
Date

305-971-6101

Daytime Phone #

FILED

07 JUL 20 PM 12:27

STATE
E. FLORIDA

400106545114

07/23/07--01001--007 **1243.75

REINSTATEMENT 04-07

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

06/19/2003

5. FEI Number

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.