

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 CO

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

126 SW 32 CT. RD.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33135

Country

USA

3. Mailing Office Address

1000 PONCE DE LEON

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

7. Name and Address of Current Registered Agent

Name
LOPEZ, JOSE LUIS

Street Address (P.O. Box Number is Not Acceptable)
1000 PONCE DE LEON

Suite, Apt. #, Etc.

City
CORAL GABLES

State
FL

Zip Code
33134

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

Jose Lopez
REGISTERED AGENT MUST SIGN

Date

11/4/08

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	BLANCO, MARIA C	900 PONCE DE LEON	CORAL GABLES, FL
SRV	LOPEZ, JOSE LUIS	900 PONCE DE LEON	CORAL GABLES, FL
T	ECHVERRIA, LEONILA	900 PONCE DE LEON	CORAL GABLES, FL
	<i>Mills</i>		

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

Jose Lopez

Date

11/4/08

Daytime Phone #

305-728-5912

FILED
08 NOV -5 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800137670018
11/05/08--01005--011 **1558.75

REINSTATEMENT 04-08
CR2E081 (10/08)

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