

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

**CORPORATION
 REINSTATEMENT**

FILED

04 JUL 13 PM 12: 22

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P020000002425

1. Corporation Name

1501 Night Clubs, Inc.

2. Principal Office Address

1501 Collins Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Zip

33139

Country

U.S.A.

Zip

Country

REINSTATEMENT 03-04
MRS

4. Date Incorporated or Qualified To Do Business in Florida

01/08/2002

5. FEI Number

76-1653826

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Rafael A. Fernandez

Street Address (P.O. Box Number is Not Acceptable)

1990 S.W. 27th Ave.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33145

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 07/12/2004

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
<u>P,VP,S,T</u>	<u>Rafael A. Fernandez</u>	<u>1990 S.W. 27th Ave</u>	<u>Miami, Florida 33145</u>

200039644162
 07/28/04-01042-029 **300.75

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:

Rafael A. Fernandez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/12/04
 Date

(305)766-1991
 Daytime Phone #

CR2E081 (9/00)