

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 285585	
1. Entity Name CARDINAL RESTAURANT CORP	



FILED
04 NOV 18 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 45 N.W. 22ND. AVE. MIAMI, FL 33125	Mailing Address 45 N.W. 22ND. AVE. MIAMI, FL 33125
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



11042004 REIN-P CR2E098 (6/04)

4. FEI Number 59-1113245	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RABELO, JORGE 20 N.W. 61ST.AVE. MIAMI, FL 33126		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RABELO, JORGE			NAME			
STREET ADDRESS	20 N.W. 61ST. AVE.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RABELO, MARTHA			NAME			
STREET ADDRESS	20 N.W. 61ST. AVE.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

700043065477
11/30/04--01028--023 **150.00

[Handwritten Signature]

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>[Handwritten Signature]</i>	Date: <i>11/15/04</i>	Daytime Phone #
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Department Of State
Division Of Corporations
P O Box 6327
Tallahassee, FL 32314

Re: Cardinal Restaurant Corp.
#285585
45 N.W. 22nd Ave.
Miami, FL 33125

Gentlemen:


It has been a surprise that you sent us a corporation reinstatement form, and I realized that we did not pay the renewal for this year.

This corporation has been established since 1964 and always we have renew it in time, but this year we did not received any renewal form, and not either a reminder notice.

We really beg you to consider this fact and give us the opportunity to file with the \$150.00 fee.

I sincerely hope to receive your regular form, and we gladly file and send the \$150.00.

Sincerely,



Jorge Ravelo
President