


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 315854			
1. Corporation Name LOGUN'S LOBSTER HOUSE, INC.			
2. Principal Office Address 13899 BISCAYNE BLVD Suite, Apt. #, etc. 229 City & State MIAMI, FL. Zip 33181		3. Mailing Office Address SAME Suite, Apt. #, etc. City & State Zip Country	

FILED

02 FEB -7 AM 9:27

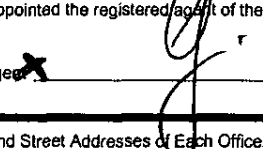
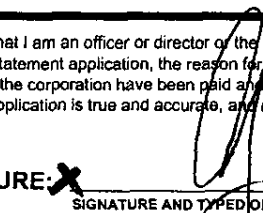
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

09-02

4. Date Incorporated or Qualified To Do Business in Florida 4/18/67	
5. FEI Number 59-1164460	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name ARTUR GLOWACKI	200004918112--4
Street Address (P.O. Box Number is Not Acceptable) 13899 BISCAYNE BLVD	-02/14/02--01006--007
Suite, Apt. #, Etc. 229	***1208.75 ***1208.75
City MIAMI	LS
State FL	Zip Code 33181

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 		Date 2/5/02	
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
P/D	ARTUR GLOWACKI	13899 BISCAYNE BLVD STE. 229	MIAMI, FL. 33181
V/P/D	EDWARD CHUDJKO	10 FLORENCE AVE.	KEY WEST, FL 33040
10. I certify that I am an officer or director of 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 		Date 2/5/02	Daytime Phone # (888) 232-0432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E081 (9/01)