

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F03000005169 1. Entity Name PASSPORT RESTAURANTS, INC.				FILED 05 MAY 10 PM 4:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5950 HAZELTINE NATIONALDRIVE, #290 ORLANDO, FL 32822		Mailing Address 5950 HAZELTINE NATIONALDRIVE, #290 ORLANDO, FL 32822		 REINSTATEMENT 04182005 REIN-P CR25098 (6/04) 04-05	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 20 N. Orange Ave. Suite 600			
City & State Orlando, FL		City & State Orlando, FL			
Zip 32801	Country	Zip 32801	Country		
4. FEI Number 11-3698802		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 PARACORP INCORPORATED 236 EAST 6TH AVENUE TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name Hendry, Stoner, DeLancett & Brown, P.A. Street Address (P.O. Box Number is Not Acceptable) 20 N. Orange Avenue Suite 600 City Orlando			
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. Hendry, Stoner, DeLancett & Brown, P.A.					
SIGNATURE By: [Signature] DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P THOMAS, CHRISTOPHER R 5950 HAZELTINE NATIONALDRIVE, #290 ORLANDO, FL 32822	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY STEVE CARBONE 804 PIER VIEW WAY, STE 208 OCEANSIDE, CA 92054	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CZEKELIUS, ROLAND CULLINARY DEV, 36 CORDAGE PARK CIRCLE, #301 PLYMOUTH, MA 02360	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VOGEL, MICHAEL CULLINARY DEV, 36 CORDAGE PARK CIRCLE, #301 PLYMOUTH, MA 02360	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD CREED, JOHN M 804 PIER VIEW WAY, #208 OCEANSIDE, CA 92054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CULP, CYLDE 197 HIDDEN POINT ANNAPOLIS, MD 21401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARMAN, JEFFREY 20 WATERSIDE PLAZA NEW YORK, NY 10010	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Ch R. Thomas CHRISTOPHER R. THOMAS 4-25-05 407/240-9180 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					