


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	
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		REINSTATEMENT 04-18-2005 REIN-P 0625098 (6/04) 04-05	
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 <i>By:</i> Christopher R. Thomas		DATE	
FILE NOW!!! FEE IS \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME THOMAS, CHRISTOPHER R	TITLE SECRETARY	NAME STEVE CARBONE
STREET ADDRESS 5950 HAZELTINE NATIONALDRIVE, #290	CITY-ST-ZIP ORLANDO, FL 32822	STREET ADDRESS 804 PIER VIEW WAY, STE 208	CITY-ST-ZIP OCEANSIDE, CA 92054
TITLE V	NAME CZEKELIUS, ROLAND	100054745221 05/18/05--01055--024 **\$900.00	
STREET ADDRESS CULLINARY DEV, 36 CORDAGE PARK CIRCLE, #301	CITY-ST-ZIP PLYMOUTH, MA 02360	\$95/17	
TITLE S	NAME VOGEL, MICHAEL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CULLINARY DEV, 36 CORDAGE PARK CIRCLE, #301	CITY-ST-ZIP PLYMOUTH, MA 02360	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE CD	NAME CREED, JOHN M	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 804 PIER VIEW WAY, #208	CITY-ST-ZIP OCEANSIDE, CA 92054	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	NAME CULP, CYLDE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 197 HIDDEN POINT	CITY-ST-ZIP ANNAPOLIS, MD 21401	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	NAME BARMAN, JEFFREY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 20 WATERSIDE PLAZA	CITY-ST-ZIP NEW YORK, NY 10010	<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: Christopher R. Thomas		Date: 4-25-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 407/240-9180	