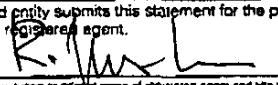
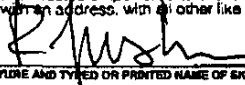


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # G44583			
1. Entity Name BAYSIDE SEAFOOD RESTAURANT, INC.			
Principal Place of Business 3501 RICKENBACKER CAUSEWAY KEY BISCAYNE, FL 33149 Miami		Mailing Address 3501 RICKENBACKER CAUSEWAY KEY BISCAYNE, FL 33149	
2. Principal Place of Business 3501 RICKENBACKER CAUSEWAY		3. Mailing Address 490 N.E. 91ST STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL.		City & State MIAMI SHORES FL	
Zip 33149		Zip 33138-3151	
Country MIAMI/DADE		Country MIAMI/DADE	
6. Name and Address of Current Registered Agent GERSTNER, ROLF 3501 RICKENBACKER CAUSEWAY MIAMI, FL 33149		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GERSTNER, ROLF 3501 RICKENBACKER CSWY. KEY BISCAYNE, FL 33149 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROLF GERSTNER ☐ Change ☐ Addition c/o 490 NE 91ST MIAMI SHORES FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST LAROUCHE, CLAUDE 3501 RICKENBACKER CSWY. KEY BISCAYNE, FL 33149 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLAUDE LAROUCHE ☐ Change ☐ Addition 490 NE 91ST MIAMI SHORES FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100082132571 ☐ Change ☐ Addition 11/29/06--01011--007 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

FILED

2006 NOV 29 AM 10:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

11202008 REIN-P CR2E098 (11/05)

4. FEI Number
59-2290703 Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip CodeFILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

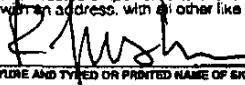
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GERSTNER, ROLF 3501 RICKENBACKER CSWY. KEY BISCAYNE, FL 33149 ☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROLF GERSTNER ☐ Change ☐ Addition c/o 490 NE 91ST MIAMI SHORES FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLAUDE LAROUCHE ☐ Change ☐ Addition 490 NE 91ST MIAMI SHORES FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100082132571 ☐ Change ☐ Addition 11/29/06--01011--007 **750.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

REINSTATEMENT

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SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #