2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
2006 NOV 29 AM 10:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # G44583

1. Entity Name
BAYSIDE SEAFOOD RESTAURANT, INC.

Principal Place of Business	Mailing Address
3501 RICKENBACKER CAUSEWAY ~~KEY BISCAYNE~~, FL 33149 Miami	3501 RICKENBACKER CAUSEWAY KEY BISCAYNE, FL 33149

11202006 REIN-P CR2E098 (11/05)

2. Principal Place of Business	3. Mailing Address
3501 RICKENBACKER CSWY	490 N.E. 91ST STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL.	City & State: MIAMI SHORES FL
Zip: 33149 Country: MIAMI/DADE	Zip: 33138-3151 Country: MIAMI/DADE

4. FEI Number: 59-2290703 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GERSTNER, ROLF 3501 RICKENBACKER CAUSEWAY MIAMI, FL 33149	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 R. Williams
Signature, type 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	ROLF GERSTNER C/O 490 NE 91ST MIAMI SHORES FL 33138	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST LAROCHE, CLAUDE 3501 RICKENBACKER CSWY. KEY BISCAYNE, FL 33149	☐ Delete	CLAUDE LAROCHE 490 NE 91ST MIAMI SHORES FL 33138	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	100092132571 11/29/06--01011--007 **750.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	REINSTATEMENT 06	☐ 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: R. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

R. Williams NOV 29 2006