

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

**APPLICATION
 FOR
 REINSTATEMENT**

DOCUMENT # H94144

1. Corporation Name
The Restaurant LaSirena, Inc.

Principal Place of Business Mailing Address
6316 S. Dixie Highway **6316 S. Dixie Highway**
West Palm Beach, FL 33405 **West Palm Beach, FL 33405**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		January 9, 1986	
City & State		City & State		5. FEI Number	
Zip		Zip		59-2627157	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status	

FILED
 98 JUN 29 PM 2:03
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 ***1058.75 ***1058.75

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Titles	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City, State, Zip
P.	Ann Fiorentino	6316 S. Dixie Highway	West Palm Beach, FL 33405
T/S	Marcello Fiorentino, Jr.	6316 S. Dixie Highway	West Palm Beach, FL 33405

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Eugene W. Murphy, Jr. 340 Royal Palm Way Palm Beach, FL 33480		Name Eugene W. Murphy, Jr. Street Address (P.O. Box Number is Not Acceptable) 340 Royal Palm Way Suite, Apt. #, Etc. Suite 100 City Palm Beach State Zip Code FL 33480	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Eugene W. Murphy, Jr.* Date: June 26, 1998

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or 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)(b), 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: *Ann Fiorentino* (561) 585-3128
 June 26, 1998
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Ann Fiorentino, President Date: June 26, 1998

CR2EG-10 (12/96)