PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

04 MAY 17 AM 10: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K42921

1. Corporation Name
Darrel + Oliver's Innovative Restaurant Concept, Inc

500036519865
05/17/04--01068--016 **908.75

REINSTATEMENT 03-04

2. Principal Office Address
2601 E Atlantic Blvd
Suite, Apt. #, etc.

3. Mailing Office Address
2611 E Atlantic Blvd
Suite, Apt. #, etc.

City & State
Pompano Beach, FL

City & State
Pompano Beach, FL

Zip 33062 | Country USA

Zip 33062 | Country USA

4. Date Incorporated or Qualified To Do Business in Florida   11·2·1988

5. FEI Number
65-0082949

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Darrel Broek

Street Address (P.O. Box Number is Not Acceptable)
2601 E Atlantic Blvd

Suite, Apt. #, Etc.

City
Pompano Beach

State FL | Zip Code 33062

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _Darrel Broek_

REGISTERED AGENT MUST SIGN

Date 5·14·2004

CR2E081 (01/04)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Brock, Darrel	2601 E Atlantic Blvd	Pompano Beach, FL 33062
DST	Saucy, Oliver	2601 E Atlantic Blvd	Pompano Beach, FL 33062

10. 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)(i), 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: _Darrel Broek_ Darrel Broek   5·14·2004   (954) 782·0606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #