


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # M31700		
1. Entity Name CASA ROMEU RESTAURANT INC.		

Principal Place of Business 13714 NW 18 STREET PEMBROKE PINES, FL 33028 US	Mailing Address 13714 NW 18 STREET PEMBROKE PINES, FL 33028 US
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2. Principal Place of Business 6800 DYKES Rd	3. Mailing Address 6800 DYKES Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State DAVIE, FLORIDA	City & State DAVIE, FLORIDA
Zip 33331	Country USA
Zip 33331	Country USA



REINSTATEMENT

4. FEI Number
59-1857511

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROMEU, HERIBERTO
13714 NW 18 STREET
PEMBROKE PINES, FL 33028

7. Name and Address of New Registered Agent

Name
Romeu Heriberto

Street Address (P.O. Box Number is Not Acceptable)
6800 DYKES Rd.

City
DAVIE

FL Zip Code
33331

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 *Heriberto Romeu* DATE 11-7-05

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROMEU, HERIBERTO 13714 NW 18 STREET PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Romeu Heriberto <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6800 DYKES Rd DAVIE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROMEU, NURI 13714 NW 18 STREET PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Romeu Nuri <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6800 DYKES Rd DAVIE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100061448921 11/15/05--01074--018 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 *Heriberto Romeu* DATE 11-7-05 DAYTIME PHONE # 1-954-252-9788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR