

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT -8 AM 8:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

CORPORATION
REINSTATEMENT

DOCUMENT # P0000051926

1. Corporation Name
CODE RESTAURANT BAR LOUNGE, INC.

REINSTATEMENT 07
200023641622
10/08/03--01025--012 **750.00

2. Principal Office Address
1437 WASHINGTON AVE

3. Mailing Office Address
1437 WASHINGTON AVE

City & State
MIAMI BEACH, FL

City & State
MIAMI BEACH, FL

Zip
33139

Country
U.S.A.

Zip
33139

Country
U.S.A.

4. Date incorporated or Qualified To Do Business in Florida
5/26/2000

5. FEI Number
65-1085655

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

7. Name and Address of Current Registered Agent

Name
WALTER D. LUNDELINUS SR.

Street Address (P.O. Box Number is Not Acceptable)
5 NORTH BEST POINT

Suite, Apt. #, Etc.

City
INVERNESS

State
FL

Zip Code
34450

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
Walter D. Lundelius SR.

Date
Sept 26th 2003

REGISTERED AGENT MUST SIGN

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
PVST	PETER THOMAS	1437 WASHINGTON AVE.	MIAMI BEACH FL 33139

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)(f), 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
9/27/03

Daytime Phone #

CR2001 (8/00)

2/10/5