

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 30 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000056588

1. Corporation Name
AMMIE'S SEAFOOD BAR & GRILL INC.

2. Principal Office Address 148 NW 167 STREET 3. Mailing Office Address 11659 GRIFFING BLVD

Suite, Apt. #, etc. WORTH MIAMI 1 Suite, Apt. #, etc. #4 BISCAYNE PARK

City & State FLORIDA City & State FLORIDA

Zip 33169 Country USA Zip 33161 Country USA

REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida June 12, 2000

5. FEI Number 65-108056 Applied For Not Applicable

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

7. Name and Address of Current Registered Agent

Name AMALIA N. ROSAS 900010029159

Street Address (P.O. Box Number is Not Acceptable) 11659 GRIFFING BLVD #4 01/13/03--01011--003 **750.00

Suite, Apt. #, Etc. 900010029159

City BISCAYNE PARK State FL Zip Code 33161 01/29/03--01025--006 **180.00

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 [Signature] Date 01/19/03

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
OWNER	AMALIA N. ROSAS	11659 GRIFFING BLVD #4 BISCAYNE PARK	FL 33161
OWNER	ANGEL W. MACAPAGAL	11659 GRIFFING BLVD #4 BISCAYNE PARK	FL 33161

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: ANGEL WILLIAM MACAPAGAL (305) 01/07/03 945-1441 EXT 7107

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

CR2E081 (9/01)

2/1/31