PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT-OF STATE

APPLICATION

SIGNATURE:

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Katherine Harris FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS FILED P00000056784 DOCUMENT # 01 NOV -5 PM 6: 45 1. Corporation Name TROPICAL BISTRO, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address DIO-PARK-AVENUE 410 PARK AVENUE LAKE PARK FL LAKE PARK FL If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 940 PARKE AVE 3. New Mailing Office Address, If Applicable 940 PARK AVE Date Incorporated or Qualified
To Do Business in Florida 06/13/2000 5. FEI Number Applied For 651016565 Not Applicable \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 3403 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director D BLAKE, AGUSTUS D 1630 EMBASSY DRIVE #103 WEST PALM BEACH FL 33401 D WALKER,-LEONA 1630 EMBASSY DRIVE #103 WEST PALM BEACH FL 33401 LORNA 100004706441--4 -12/05/01--01067--005 ****150.00 ****150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent (8/01) BLAKE, AGUSTUS D Street Address (P.O. Box Number is Not Acceptable) — 940 PALK AIK -910 PARK AVENUE LAKE PARK FL State Zip Code FL 33403 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 10-28-01 REGISTERED AGENT MUST SIGN 11. 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 inform on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

E OF SIGNING OFFICER OR DIRECTOR

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1630 Embassy Drive, #103 West Palm Beach Fl. 33401

October 27, 2001 Tel: 561-616 1995

Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, Fl. 3214

Dear Sirs:

We acknowledge receipt of your "Dissolution Notice" for Tropical Bistro Inc.

Please note that Tropical Bistro has not operated since its incorporation as the building is still under construction. We were not aware that the uniform business report was still mandatory since the company has not officially operated. Furthermore, we never received any forms from the Department.

Your correspondence was to the wrong address at 910 Park Avenue (see attachment). The address for Tropical Bistro is: 940 Park Avenue, Suite #104, Lake Park, Fl. 33403.

We are requesting your review of this action. Thank You.

Sincerely,

Agustus Blake Director

Tropical Bistro Inc.