


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 18 PM 1:22

CORPORATION REINSTATEMENT



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

DOCUMENT # P00000078465
1. Corporation Name
FLOYD'S RESTAURANT CORP.

500004795575--7
-01/25/02--01018--001
****908.75 ****908.75

2. Principal Office Address
c/o Baur, Klein, Matos & Riedi, P.A.
Suite, Apt. #, etc.
100 N. Biscayne Blvd., #2100
City & State
Miami, FL
Zip
33132
Country
USA

3. Mailing Office Address
same
Suite, Apt. #, etc.
City & State
Zip
Country

REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida
8/18/2000

5. FEI Number
65-1060178
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$0.75 (Additional Fee required for a Certificate of Status)

7. Name and Address of Current Registered Agent

Name
Claudio Riedi, Esq.

Street Address (P.O. Box Number is Not Acceptable)
100 N. Biscayne Blvd.

Suite, Apt. #, Etc.
Suite #2100

City
Miami

State
FL

Zip Code
33132

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0506, F.S.

Signature of Registered Agent
[Signature]

Date
1/14/02

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
D	Tobias Palmer	c/o Baur, Klein, Matos & Riedi 100 N. Biscayne Blvd., #2100	Miami, FL 33132

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: *[Signature]* Tobias Palmer
Date: 01/11/2002
Daytime Phone #: 305-295-0227