APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

02 MAY 15 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/04/02--01061--010
****150.00 ****150.00

08/7/01 90010 023 #150.00

DOCUMENT #

1. Corporation Name
Europa Grill Fwc
P00000109017

2. Principal Office Address	3. Mailing Office Address
5947 Collins Ave	5947 Collins Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Miami Beach	Miami Beach
City & State	City & State
Florida	Florida
Zip 33140 Country Dade	Zip 33140 Country Dade

4. Date Incorporated or Qualified To Do Business in Florida 11/22/2000

5. FEI Number 65-1060869 ☐ 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: Stewart Merkin, Attorney
Street Address (P.O. Box Number is Not Acceptable): 1111 Brickell Ave
Suite, Apt. #, Etc.: ~~Ste~~ 300
City: Miami, Florida State: FL Zip Code: 33131

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: Stewart Merkin Date: _____
REGISTERED AGENT MUST SIGN

CR2E063 (8/00)

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
PRES	Michael Rapp	5947 Collins Ave	Miami Beach Florida 33140

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: Michael Rapp President 305-993 3924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Europa Grill Inc.

April 19, 2002

Ms. Eula Peterson
Secretary of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Dear Ms. Eula Peterson,

Per our phone conversation regarding Europa Grill Inc. P00000109017, enclosed please find a check for $150.00. I request you waive the $600.00 extra fee as I originally sent a money order to cover the additional monies needed and obviously it was lost.

Thank you for your courtesies.

Sincerely,

Michael Rapp

5445 Collins Avenue Miami Beach, Florida 33140
Phone (305) 865-5757 ~ Fax (305) 993-3936