


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> OCT 29 PM 3:39 TALLAHASSEE, FLORIDA	
<b>DOCUMENT # P00000111907</b>							
<b>1. Corporation Name</b> <b>ARGENTINA STEAKHOUSE INC.</b>							
<b>2. Principal Office Address</b> <b>407 LINCOLN ROAD</b> Suite, Apt. #, etc. <b>SUITE 500</b> City & State <b>MIAMI BEACH FL.</b> Zip <b>33139</b> Country <b>DADE</b>				<b>3. Mailing Office Address</b>  Suite, Apt. #, etc.  City & State  Zip Country			
<b>4. Date Incorporated or Qualified To Do Business in Florida</b>						<b>REINSTATEMENT 03</b>	
<b>5. FEI Number</b> <b>65-0976793</b>						<b>Applied For</b> <b>Not Applicable</b>	
<b>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></b>						<b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Name and Address of Current Registered Agent</b>							
Name <b>RIUKA RACHMANI</b>							
Street Address (P.O. Box Number is Not Acceptable) <b>9555 HARDING AVENUE</b>							
Suite, Apt. #, Etc.							
City <b>SURESIDE</b>						State <b>FL</b> Zip Code <b>33154</b>	
<b>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.</b>							
Signature of Registered Agent <b>RIUKA RACHMANI</b> Date <b>10-24-03</b> REGISTERED AGENT MUST SIGN							
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>							
Titles		Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip	
PD		RACHMANI RIUKA		9555 HARDING AVENUE		SURFSIDE FL. 33154	
<b>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.</b>							
SIGNATURE: <b>RIUKA RACHMANI</b> Date <b>10-24-03</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #							

Brito & Brito Accounting  
407 Lincoln Road, Suite 500  
Miami Beach, Fl 33139  
Corporate Accounting and Business Development  
Tel: (305) 534-9292/ Fax: (305) 534-7534  
britogeorge@aol.com/britoandbrito@aol.com.

October 27, 2003

Division of Corp.  
Annual Report / Reinstatement Section  
P.O. Box 6327  
Tallahassee Fl. 32314

Ref: Argentina Steakhouse Inc.  
407 Lincoln Road Suite 500  
Miami Beach FL. 33139

Dear Sir\Madam:

*Please note the above client never received his Annual Report attached Reinstatement form.  
Therefore this is my first Annual Report and the fee of \$150.00 check.*

*Thanking you in advance.*

*If you have any further questions, please feel free in contacting me at my office, or write to my office.*

Sincerely,



George L. Brito  
Accounting