PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMED

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMEN Secretary of S DIVISION OF CORPOR	tate	03 JUL 16 PM 1: SECRETARY OF STA TALLAHASSEE, FLOR	
DOCUMENT # <i>Po10000 24190</i>			TALLAHASSEE, FLOH	P(Uff
1. Corporation Name RAR RESTAURANTS, INC. 4201 W. HILLS BOYO BIVD COCONUT CREEK, FL. 3363			RENSTATEMENT 12-03	
2. Principal Office Address 4201 Will Shoro 81,5634 Nin 64th you			800021590618 16/0301049006 **9() 08.75
Suite, Apt. #, etc.	Suite, Apt. #, etc. PRIVATE HOUSE	4. Date Inco	rporated or Qualified siness in Florida	
DOCONUT CREEK FR.	City & State CORAL Spain	ras FL 5. FEI Number	Per 1 - 1 - 2 - 1 Apr	plied For t Applicable
33063 Country SA	Zip33061 Coun		E OF STATUS DESIRED \$8.75 Additional for a Certificate	Fee required
7. Name and Address of Current Registered Agent				
StregLAGORS (P.O. BOX Number is Not Acceptable) YEXKARE Surg Apt. #, Etc.				
City Canal Springs Fl. 33067. State Zip Code FL 33067.				
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 Agent Agent MUST SIGN Date X 7/2/63				
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 Direct		treet Address of Each Officer and/or Director	City / State / Zip	
PRESIDENT RAFFALE BARONE TR. 5636 UN 64 TERRATE FL. 33067				
V-PRES WENDY STATION 4508 CARAMBOLA CIRCLE CREK FX.				
HREASURER WENDY	STALLER 45	08 CARAMbok	Cinik CREST	FA
JECKETHINY /CAFF	AGE BROWE:	TR. 536 NW6	the AVE FL. 330	67
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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #				
				