FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 JAN 24 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000040355

1. Corporation Name
BAHAMIAN REEF TAKE OUT CORP.

2. Principal Office Address	3. Mailing Office Address
1224 NW 16 CT.	1224 NW 16 CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT. LAUDERDALE, FL	City & State: FT. LAUDERDALE, FL
Zip: 33311 Country: USA	Zip: 33311 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-1108657 ☐ 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, DELORES

200010678992
01/23/03--01099--003 **150.00

Street Address (P.O. Box Number is Not Acceptable): 1224 NW 16 COURT

Suite, Apt. #, Etc.:

City: FT. LAUDERDALE State: FL Zip Code: 33311

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: X _____ Date: 12/5/2002

REGISTERED AGENT MUST SIGN

CR2E051 (01/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	STEWART, DELORES	1224 NW 16 CT.	FT. LAUD. FL. 33311
D	STEWART, BROMLEY	1224 NW 16 CT.	FT. LAUD. FL. 33311

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: X _____ 12/5/2002 954 523 3969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JP 1/24

Wolf Accounting Network, Inc.

620 N.W. 43rd Avenue
Pompano Beach, Florida 33066
954-975-7939 Corp. Office 954-975-0376 Fax

January 17, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Re: Ref. Numberr P01000040355
Bahamian Reef Take Out Corp.
276 S. W. 27th Ave.,
Ft. Lauderdale, FL, 33312

Enclosed, please find check no.2004 in the amount of $150.00 plus copy of Corporation Reinstatement form originally sent to your office on December 5, 2002.

The UBR renewal was sent to the old address, 1738 W.Oakland Park Blvd., Ft, Lauderdale, Fl. 33311, and never received by our client.

Thanking you in advance, we are,.

Very truly yours,

WOLF ACCOUNTING NETWORK, INC.

G. D. Wolf, Director

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