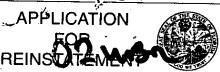
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

P01000048765 DOCUMENT

1. Corporation Name

SUB ISLAND RESTAURANT INC.

Principal Place of Business

Mailing Address

456 FAIRVILLA RD. ORLANDO FL 32808

Signature of Registered Agent

SIGNATURE:

456 FAIRVILLA RD. ORLANDO FL 32808 FILED

02 NOV 18 PM 2: 20

TALLAHASSEE, FLORIDA

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State		arough incorrect information and enter correction below. 3. New Mailing Office Address, if Applicable			12-13-02 90179 043 \$150.00 4. Date Incorporated or Qualified To Do Business in Florida 05/16/2001			
		Suite, Apt. #, etc. City & State			00/10/2001			V I
					5. FEI Number 55-0803 2 15		5. -	Applied For Not Applicable
Zip	Country	Zip		Country		E OF STATUS DESIRED [\$8.75 Additi	onal Fee require
. Names	and Street Addresses of Each Officer an	d/or Director (Fig	orida nonprofit	corporations must list at lea	ast 3 directors)			· · · · · · · · · · · · · · · · · · ·
Title(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
D	PHILON, POK AE		456 FAIRVILLA RD.			ORLANDO FL 32808		
				R	uler			
·-	8. Name and Address of Current	Registered Age	unt .		O Nome and			-
456 F/	N, POK AE NRVILLA RD. IDO FL 32808		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code			le e		

11. 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 mysignature shall have the same legal effect as if made under oath.

Florida Department Of State Department Of Corporations Tallahassee Florida.

Dear Madam / Sir,

Please find enclosed a copy of my annual report for the year 2002. Also, a check in the amount of one hundred fifty dollars (\$150.00)was mailed to you earlier this year which was not returned. As I discussed over the phone earlier this week I thought that I had satisfied my all of my requirements when I sent in my check and the annual report. I did not find anything in the mail to indicate that I was delinquent. Please see enclosed all of the info you requested. I hope that this submission will reinstate my corporation. The name of my corporation is SUB ISLAND RESTAURANT INC. The Document number is P01000048765.

Sincerely,

POK AE PHILON