

10fz

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED

02 NOV 14 PM 5:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 01000055593

1. Corporation Name

CASABLANCA CUISINE, INC.
2558 JARDIN WAY
WESTON, FL 33332

2002
438R

2. Principal Office Address

3. Mailing Office Address

2558 JARDIN WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WESTON, FLORIDA.

Zip

Country

Zip

Country

33332

USA. -

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1109098

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

RIUKA RACHMANI

Street Address (P.O. Box Number is Not Acceptable)

2558 JARDIN WAY

400008979224

Suite, Apt. #, Etc.

11/14/02--01010--013 ** 50.00

City

WESTON

State
FL

Zip Code
33332

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

Riuka Rachmani
REGISTERED AGENT MUST SIGN

Date

11-06-02

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
P	RIUKA RACHMANI	2558 JARDIN WAY	WESTON, FL 33332

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)(l), 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:

Riuka Rachmani

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-06-02

Daytime Phone #

CR2E081 (9/01)

B

2012

*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*

Florida Dept of State

*Re: Casablanca Cuisine Inc
2558 Jardin Way
Weston, Fl 33332
A statement of penalty*

Dear Sir or Madam,

Please note attached check for \$150.00 annual fee. Also note above taxpayer never received neither of the two notices.

Thanks in advance



*George Brito
Accountant*

G6I/CA