1	RPORATION STATEME	NT	DIVIS	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS			FILED 03 0CT 29 AM 10: 32			
DOCUMENT # Peg100005593						03 0C SECF TALL	OSOUT 29 ATTE SECRETARY OF STATE TALLAHASSEE, FLORIDA			
CASABLANCA CUISINE INC.										
7	al Ollica Addres JARDIN W		3. Mailing O	3. Mailing Office Address			TAT	iewent.	WT.	
Suite, Apt.	<del></del>		Suite, Apt. #,	Suite, Apt. #, etc.			4. Date incorporated or Qualified			
City & State	1		Gily & State	City & State			To Do Business in Florida  5. FEI Number Applied For			
WESTON FL							100	1098	Not Applicable	
Zip 33332	1	Country BROWARD	Zip		Country	6. CESTIFICATE	OF STATI	US DESIRED 🔲 SB755 (di. a	idalitanet Fee regular Cartificate of Status	
	7. Name and Address of Current Registered Agent									
	Name RACHMANI RIUKA Street Address (P.O. Box Number is Not Acceptable) 2558 JARDIN WAY Suite, Apt. #, Etc.									
· -	City WESTON	City WESTON					Slate FL	Zip Code		
8. I, being appointed the registered agent of the above named corporation, am lamiliar with and accept the obligations of section 607.0503 or 617.0503, F.S.  Signature of Registered Agent Date 10 24 03  REGISTERED AGENT MUST SIGN										
9. Names	and Street Add	resses of Each Office	r and/or Director (Flo	rida nanprol	t corporations must list a	i least 3 directors)				
Tilles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip			
P	RACHMA	NI RIUKA		2558≏	JARDIN WAY		- WES	TON-FL 33332	<u> </u>	
		•	,			10/29/0	301	071001 **	150.00	
						10/29/0	<del>102</del> 901	<del>425935</del> 071-001 **	<del>5</del> 130.00	
		· · · · · · · · · · · · · · · · · · ·								
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 climinated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all lees owed by the corporation have been pold and the names of individuals fisted 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:  Representation 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 reinstance in the requirements of section 607.0401, F.S. I further certify that when filling this reinstance in the requirements of section 607.0401, F.S. I further certify that when filling this reinstance in the requirements of section 607.0401, F.S. I further certify that when filling this reinstance in the requirements of section 607.0401, F.S. I further certify that when filling this reinstance in the requirements of section 607.0401, F.S. I further certify that when filling this reinstance in the requirements of section 607.0401, F.S. I further certify that when filling this reinstance in the receiver of the receiver the recei										
SIGNAT		NATURE AND TYPED OF	f1 R PRINTED NAME OF S	IGNING OFF			Date	emilya0	Phone 7	

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

Ref: Casablanca Cuisine, Inc. 2558 Jardin Way Weston FL. 33332

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