


D 182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
05 JUN -6 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000079210

1. Corporation Name
EL PALACIO NIGHTCLUB INCORPORATED

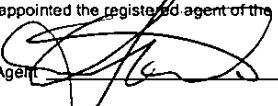
2. Principal Office Address 1661 SO. CONGRESS AVE. Suite, Apt. #, etc. STE. B City & State W. PALM BEACH, FL. Zip 33406 Country U.S.A.	3. Mailing Office Address 1661 SO. CONGRESS AVE. Suite, Apt. #, etc. STE. B City & State W. PALM BEACH, FL. Zip 33406 Country U.S.A.
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Q2-05
JUN 18 2005

4. Date Incorporated or Qualified To Do Business in Florida	Applied For Not Applicable
5. FEI Number 65-1131757	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent	
Name JUAN VERAS	
Street Address (P.O. Box Number is Not Acceptable) 1661 SO. CONGRESS AVE.	
Suite, Apt. #, Etc. SUITE B	
City WEST PALM BEACH	State FL Zip Code 33406

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.

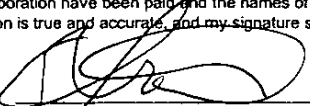
Signature of Registered Agent:  Date: 06/01/05

REGISTERED AGENT MUST SIGN

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/D	JUAN VERAS	6358 WESTOVER RD.	W. PALM BEACH, FL 33417

500055979305
06/03/05--01061--012 **\$600.00

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 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:  Date: 06/01/05 (561) 723-5544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

PS 292

June 1, 2005

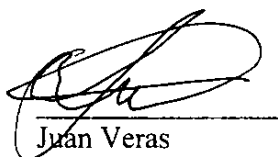
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: EL PALACIO NIGHTCLUB INCORPORATED
P01000079210
Reinstatement

To Whom It May Concern:

Enclosed find check for \$600.00 to pay for the 2002, 2003, 2004 & 2005 Annual Reports.
I never received the original notice and I did not know the Corporation had been
dissolved.

Sincerely,



Juan Veras