PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 16 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000024256270
10/29/03--01065--024 **750.00

DOCUMENT # P02000018137

1. Corporation Name
CAFE DEL MAR OF FT LAUDERDALE, INC

REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
213 FT LAUDERDALE BEACH BLVD.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT LAUDERDALE, FL	City & State
Zip: 33316 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/15/2002.

5. FEI Number: 01-0619500 ☐ 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: LIOR AVIDOR

Street Address (P.O. Box Number is Not Acceptable): 213 FT LAUDERDALE BEACH BLVD.

Suite, Apt. #, Etc.:

City: FT LAUDERDALE, FL 33316 State: FL Zip Code: 33316

8. . 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: Lior Avidor Date: 10-14-03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
PRES DIR	LIOR AVIDOR	213 FT LAUDERDALE BEACH BLVD	FT LAUDERDALE FL 33316

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: Lior Avidor 10-14-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Charter Number Only

10/15/03

Joel Marcus
Requestor's Name
676 W. Prospect Rd.
Address
Ft. Lauderdale, FL 33309
City State ZIP Phone
(954)566-8513A

VALIDATION ONLY

CORPORATION(S) NAME

Cafe Del Mar Of Ft. Lauderdale, Inc.
#P02000018137

RECEIVED
03 OCT 16 AM 10:09
DIVISION OF CORPORATION

( ) Profit
( ) NonProfit ( ) Amendment ( ) Merger

( ) Foreign ( ) Dissolution ( ) Mark

( ) Limited Partnership ( ) Annual Report ( ) Other
(X) Reinstatement ( ) Reservation ( ) Change of Registered Agent

( ) Certified Copy ( ) Photo Copies ( ) Certificate Under Seal

( ) Call When Ready ( ) Call If Problem ( ) After 4:30
(X) Walk In ( ) Will Wait (X) Pick Up ( ) Mail Out

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CR2E031 (2-95)