PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 11 PM 4:04

DOCUMENT # P02000072920

1. Corporation Name
mako Restaurant group, Inc.

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
3850 N Federal Hwy	3850 N Federal Hwy
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: lighthouse Point, FL	City & State: lighthouse Point, FL
Zip: 33064 Country: U.S.A	Zip: 33064 Country: U.S.A

4. Date Incorporated or Qualified To Do Business in Florida: 7/02/02

5. FEI Number: 30-0107190 ☐ 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: Henry Olmino

500037048155
05/24/04 01088 013 **908.75

Street Address (P.O. Box Number is Not Acceptable): 3850 N Federal Hwy

Suite, Apt. #, Etc.:

City: lighthouse Point State: FL Zip Code: 33064

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 _____
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
President	Henry Olmino	2310 N.E 47 St.	light house Poin, FL. 33064
VP	Kim Olmino	2310 N.E. 47th St	Light House Point FL 33064
			10002358601

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: _____ 5-11-03 (954) 946-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #