

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

06 APR 10 AM 10:38

DOCUMENT # P02000127990

1. Corporation Name

XANADU RESTAURANT & LOUNGE, INC.

300073501733  
05/01/06--01054--028 \*\*608.75

REINSTATEMENT 03-06  
CR2E081 (12/05)

2. Principal Office Address

3640 NW 194TH. STREET

Suite, Apt. #, etc.

City & State

MIAMI GARDENS

Zip  
33056

Country  
USA

3. Mailing Office Address

3640 NW 194TH. STREET

Suite, Apt. #, etc.

City & State

MIAMI GARDENS

Zip  
33056

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/04/2002

5. FEI Number

74-3171993

☒ 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

PATRICIA A. BARR

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

3640 NW 194TH STREET

Suite, Apt. #, Etc.

City

MIAMI GARDENS

State  
FL

Zip Code  
33056

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 04/04/06

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
PRES	PATRICIA A. BARR	3640 NW 194TH. STREET	MIAMI GARDENS, FL. 33052
V.P.	ROBINSON DENETIA	3840 SW 10TH COURT	FT. LAUDERDALE, FL. 33312

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA A. BARR 04/05/06

Date

305-308-2454

Daytime Phone #