


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> P0300 0078354			
<b>1. Corporation Name</b> TASTYS CARIBBEAN RESTAURANT INC.			
<b>2. Principal Office Address</b> 4897 W COLONIAL DR Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 4897 W COLONIAL DR Suite, Apt. #, etc.	
<b>City &amp; State</b> ORLANDO, FL		<b>City &amp; State</b> ORLANDO, FL	
<b>Zip</b> 32808	<b>Country</b> ORANGE	<b>Zip</b> 32808	<b>Country</b> ORANGE

**FILED**  
05 JAN -6 PM 4:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA.

**REINSTATEMENT** 01-05

<b>4. Date incorporated or Qualified To Do Business in Florida</b>		<b>Applied For</b>	
		<input type="checkbox"/> Not Applicable	
<b>5. FEI Number</b> 33-1064917			
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> CLIVE TULLOCH	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1221 CARLSBAD PLACE	
<b>Suite, Apt. #, Etc.</b>	
<b>City</b> ORLANDO	<b>State</b> FL
<b>Zip Code</b> 32808	

**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** 12-31-04

**REGISTERED AGENT MUST SIGN**

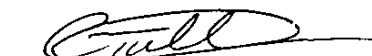
**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
P/T	CLIVE TULLOCH	1221 CARLSBAD PLACE OR	ORLANDO FL 32808
S	MALISA LORRANE	3951 SIGNAL HILL	ORLANDO FL 32808

600044210406  
01/06/05--01031--006 \*\*900.00

**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:**



**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

12-31-04 407-822-3200

**Date**

**Daytime Phone #**

CR2E081 (01/04)