

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 FEB -8 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000043092 1. Entity Name CABANA LOUNGE CORP.			
Principal Place of Business 6784 STIRLING ROAD HOLLYWOOD, FL 33324		Mailing Address 6784 STIRLING ROAD HOLLYWOOD, FL 33324	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 6784 Stirling Rd Suite, Apt. #, etc.	
City & State Hollywood FL		City & State FL 33024	
Zip 33324		Country U.S.A.	
4. FEI Number 84-1640340		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAYROUDIS, WILLIAM 6784 STIRLING ROAD HOLLYWOOD, FL 33324		7. Name and Address of New Registered Agent Name William Mavroudis Street Address (P.O. Box Number is Not Acceptable) 6784 Stirling Rd City Hollywood FL Zip Code 33024	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE William Mavroudis President 1.29.07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FLOBERG, LISA 6784 STIRLING ROAD HOLLYWOOD, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Lisa Floberg <input type="checkbox"/> Change <input type="checkbox"/> Addition 6784 Stirling Rd Hollywood FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MAVROUDIS, WILLIAM 6784 STIRLING ROAD HOLLYWOOD, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President William Mavroudis <input type="checkbox"/> Change <input type="checkbox"/> Addition 6784 Stirling Rd Hollywood FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		REINSTATEMENT 06-07 000088464610 02/16/07--01005--007 **150.00 000088464610 02/16/07--01005--008 **150.00	
SIGNATURE: Lisa Floberg Vice President 1.29.07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1.29.07 Daytime Phone # 954-981-9849	

2/12