


# 2006 FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000084523</b> 1. Entity Name <b>C &amp; L HOSPITALITY HOLDINGS, INC.</b>	
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 FEB -3 AM 9:25

REINSTATEMENT 05-06



Principal Place of Business <b>5010 SEMINOLE PRATT WHITNEY ROAD LOXAHATCHEE, FL 33470 US</b>	Mailing Address <b>5010 SEMINOLE PRATT WHITNEY ROAD LOXAHATCHEE, FL 33470 US</b>
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2. Principal Place of Business <b>10931 S. U.S. Hwy #1</b> Suite, Apt. #, etc.	3. Mailing Address <b>10931 S. U.S. Hwy #1</b> Suite, Apt. #, etc.
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01242006 REIN-P CR2E098 (11/05)

City & State <b>Port St Lucie FL</b>	City & State <b>Port St Lucie FL</b>	4. FEI Number <b>20-1174672</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34952</b>	Country <b>St Lucie</b>	Zip <b>34952</b>	Country <b>St Lucie</b>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>GREENE, ELLIOT 871 W. OAKLAND PARK BOULEVARD FT. LAUDERDALE, FL 33311</b>	7. Name and Address of New Registered Agent Name <b>Christopher R. Jones</b> Street Address (P.O. Box Number is Not Acceptable) <b>631 S.W. Samba Terr</b>  City <b>Port St Lucie</b>
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FL	Zip Code <b>34953</b>
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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:  DATE: **01/25/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>JONES, CHRISTOPHER R</b> <b>5010 SEMINOLE PRATT WHITNEY ROAD</b> <b>LOXAHATCHEE, FL 33470</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7/0 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>631 S.W. Samba Terr</b> <b>Port St Lucie FL 34952</b>
			<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700065565037</b> 02/10/06--01012--025 ***300.00
			<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500065565055</b> 02/10/06--01012--026 ***8.75
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<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.

SIGNATURE:  DATE: **01/25/06** DAYTIME PHONE #: **772 873 8667**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR