

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000170539 1. Entity Name MIAMI GARDENS RESTAURANTS, INC.						FILED 06 OCT 18 AM 10:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 19301 NORTHWEST 19TH AVENUE MIAMI GARDENS, FL 33056			Mailing Address 19301 NORTHWEST 19TH AVENUE MIAMI GARDENS, FL 33056			 10122006 REIN-P CR2E098 (11/05) 06		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 16-1717309				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
Zip Country		Zip Country						
6. Name and Address of Current Registered Agent JAY, SCOTT R 1575 IVES DAIRY ROAD MIAMI, FL 33179				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				
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:  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: 10/12/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$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	PD MCFARLANE, ALASTAIRE 19301 NORTHWEST 19TH AVENUE MIAMI GARDENS, FL 33056	<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	VD MCFARLANE, ERIC 10205 TULIP TREE DRIVE MITCHELLVILLE, MD 20721	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 700080957247 10/18/06--01034--006 **158.75			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MCFARLANE, GLORIA 19301 NORTHWEST 19TH AVENUE MIAMI GARDENS, FL 33056	<input checked="" 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.								
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: 10/12/06 Daytime Phone #: 786556 0866					