2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000075315

Entity Name: WILD ORCHIDS CAFE', INC.

FILED Oct 12, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 340 CRESTWOOD CIRCLE 1036B ROYAL PALM BEACH BLVD ROYAL PALM BEACH, FL 33411 204 ROYAL PALM BEACH, FL 33411 **New Mailing Address: Current Mailing Address:** 340 CRESTWOOD CIRCLE 2174 AMESBURY CIRCLE WELLINGTON, FL 33414 ROYAL PALM BEACH, FL 33411 FEI Number: 20-2999266 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRANNOCK, G STEVEN 1800 SO. AUSTRALIAN AVE. WEST PALM BEACH, FL 33409 US 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. SIGNATURE: G. STEVEN BRANNOCK Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition FALCI, CHRIS PAUL FALCI, CHRIS PAUL Name: Name: 340 CRESTWOOD CIRCLE, #204 2113 SHOMA DRIVE Address: Address: City-St-Zip: ROYAL PALM BEACH, FL 33411 US City-St-Zip: WELLINGTON, FL 33414 US Title: Title: () Delete (X) Change () Addition Name: FALCI, MARISA Name: FALCI, MARISA 340 CRESTWOOD CIRCLE, #204 2113 SHOMA DRIVE Address: Address: ROYAL PALM BEACH, FL 33411 US WELLINGTON, FL 33414 US City-St-Zip: City-St-Zip: Title: VΡ () Delete Title: () Change () Addition FALCI, ROGER Name: Name: 2174 AMESBURY CIRCLE Address: Address: WELLINGTON, FL 33414 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition FALCI, HELEN Name: Name: Address: 2174 AMESBURY CIRCLE Address: City-St-Zip: WELLINGTON, FL 33414 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN FALCI TREA 10/12/2006