2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000076198

1. Entity Name
DON CHURRASCO GRILL, INC.

FILED

07 FEB 15 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

100C2006 REIN-P CR2E096 (11/06)

Principal Place of Business	Mailing Address
5370 W 16TH AVENUE HIALEAH, FL 33012	5370 W 16TH AVENUE HIALEAH, FL 33012

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-2907568 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HERFELD, BEN R ESQ 8625 MIAMI LAKES DR SUITE 342 MIAMI LAKES, FL 33014	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! ONLY $150.00
After January 1, 2007, Fee will be $600.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ☐ Delete TORRES LUIS A 3921 N MERIDIAN AVE APT D MIAMI BEACH, FL 33140	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800082910902 01/02/07--01052--011 **750.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ☐ Delete TORRES, ROSA NORMA 3921 N MERIDIAN AVE APT D MIAMI BEACH, FL 33140	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800082910908 02/19/07--01028--004 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete REINSTATEMENT 06-07	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Norma Torres Dec 18, 06 3056729504
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

K. Eckel FEB 16 2007