2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000054795

Entity Name: GALERIA ON THE BAY RESTAURANT, INC.

FILED Sep 29, 2008 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

3425 COLLINS AVENUE 8650 BISCAYNE BLVD **UNIT #13**

MIAMI BEACH, FL 33140 MIAMI, FL 33138

Current Mailing Address: New Mailing Address:

3425 COLLINS AVENUE 11520 PEACHTREE DR

MIAMI, FL 33161 MIAMI BEACH, FL 33140

FEI Number: 20-4747256 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:

FERNANDEZ, AILIN FERNANDEZ, AILIN 5313 COLLINS AVENUE 11520 PEACHTREE DR MIAMI, FL 33161

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: AILIN FERNANDEZ 09/29/2008

> 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:

MIAMI BEACH, FL 33140 US

Title: () Delete Title: (X) Change () Addition

FERNANDEZ, AILIN FERNANDEZ, AILIN Name: Name: 5313 COLLINS AVENUE, APT 711 11520 PEACHTREE DR Address: Address:

City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: MIAMI, FL 33161

Title: Title: VΡ (X) Change () Addition () Delete FERNANDEZ, PAUL A Name: RAVELO, ALEJANDRO Name: 19301 SW 218 STREET Address: 11520 PEACHTREE DR Address: MIAMI, FL 33170 MIAMI, FL 33161 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: AILIN FERNANDEZ PD 09/29/2008