PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PAG 1 of 2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JUN 18 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000002047

1. Corporation Name
DINNER FOR EIGHT, INC.

2. Principal Office Address	**3.** Mailing Office Address
1401 Brickell Ave.	1401 Brickell Avenue
Suite, Apt. #, etc.: Suite 700	Suite, Apt. #, etc.: Suite 700
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33131 Country: USA	Zip: 33131 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/02/92

5. FEI Number: 65-0367784 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Glen H. Waldman, Esq.

Street Address (P.O. Box Number is Not Acceptable): 1401 Brickell Avenue

Suite, Apt. #, Etc.: Suite 700

City: Miami State: FL Zip Code: 33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 6/15/01

REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Josephine Krol	1401 Brickell Ave., Suite 700	Miami, FL 33131

500004424825--5

REINSTATEMENT 00-01 18

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Josephine Krol 06/15/01 (305)371-8797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Page 2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 189390 4612030

AUTHORIZATION : Patricia Pizzo

COST LIMIT : $ 908.75

ORDER DATE : June 18, 2001

ORDER TIME : 11:21 AM

ORDER NO. : 189390-005

CUSTOMER NO: 4612030

CUSTOMER: Dania Saavedra, Esq
Sacher Zelman Van Sant Paul
Suite 700
1401 Brickell Avenue
Miami, FL 33131

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 JUN 18 PM 12:46

NOT INTENDED TO ACKNOWLEDGE SUFFICIENCY OF FILING

DOMESTIC FILINGS

NAME: DINNER FOR EIGHT, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS _____