

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-

APPLICATION FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 25 PM 12:53

DOCUMENT # P93000015683

1. Corporation Name
SPORT CAFE INC.

Principal Place of Business

Mailing Address

~~538 WASHINGTON AVE.
MIAMI BEACH FL 33139~~

~~538 WASHINGTON AVE.
MIAMI BEACH FL 33139~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/02/1993

~~560 WASHINGTON AVE~~
Suite, Apt. #, etc.

~~560 WASHINGTON AVE~~
Suite, Apt. #, etc.

5. FEI Number

65-0401800

Applied For
Not Applicable

City & State

City & State

~~Miami Beach FL~~

~~Miami Beach FL~~

Zip

Country

Zip

Country

~~33139 Dade~~

~~33139 Dade~~

CERTIFICATE OF STATUS DESIRED

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	DOINO, TONINO	380 WASHINGTON AVE 560 WASHINGTON AVE	MIAMI BEACH FL 33139
TVD	CARRARA, SYLVAIN	560 WASHINGTON AVE 560 WASHINGTON AVE	MIAMI BEACH FL 33139
SD	PAOLO, DOINO	560 WASHINGTON AVE 560 WASHINGTON AVE	MIAMI BEACH FL 33139

000003465140--E
-11/15/00--01114--013
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRITO, LUIS G
407 LINCOLN RD
SUITE 5-B
MIAMI BEACH FL 33135

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/23/00

11. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sylvain Carrara 10.23.00

AD

305 674 9700

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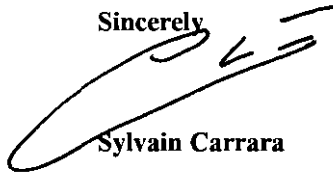
**SPORT CAFÉ, INC.
560 WASHINGTON AVENUE
MIAMI BEACH, FL. 33139
October 23, 2000
FEI # 65-0401800**

**DIVISION OF CORPORATION
ANNUAL REPORT/REINSTATEMENT SECTION
P.O. BOX 6327
TALLAHASSEE, FL. 32314**

Dear Sir or Madam:

**The purpose of this letter is to respectfully request an abatement of your penalties based
On the facts that we never received your first notice. We moved location from 538 to 560 Washington
Avenue. We have made the corrections on the reinstatement form.**

Sincerely



Sylvain Carrara