

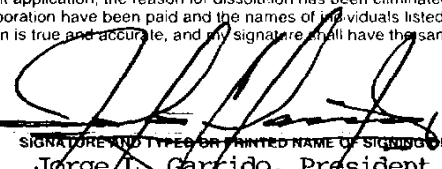


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000025245			
1. Corporation Name CAFE MIAMI, INCORPORATED			
Principal Place of Business 3894 SW 8th Street Coral Gables, FL 33134		Mailing Address 3894 SW 8th Street Coral Gables, FL 33134	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable N/A		3. New Mailing Office Address, If Applicable 200 S. Biscayne Blvd. Suite, Apt. #, etc. Suite 2500 City & State Miami, Florida Zip 33131 Country USA	
Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 04/06/93	
City & State		5. FEI Number 65-0484846	
Zip		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/S/D	Jorge L. Garrido	c/o Mitchell E. Widom, Esq. 2500 First Union Financial Center, 200 S. Biscayne Blvd.	Miami, Florida 33131 02/08/99-01098-010 ***1350.00 ***1350.00
REINSTATEMENT 95-99 SL 1-28-99			
8. Name and Address of Current Registered Agent Jack J. Taffer 3301 N.E. 2nd Ave. Miami, FL 33137		9. Name and Address of New Registered Agent Name Mitchell E. Widom, Esq. Street Address (P.O. Box Number is Not Acceptable) 2500 First Union Financial Center Suite, Apt. #, Etc. City Miami State FL Zip Code 33131	
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:  REGISTERED AGENT MUST SIGN Date 1/25/99			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. 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:  Jorge L. Garrido, President		1/25/99 Date Daytime Phone #	