

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 26 PM 4:00

98.00

REINSTATEMENT

DOCUMENT # P93000037543

1. Corporation Name
WEST GABLES STEAK ON THE RUN, INC.

2. Principal Office Address 351 N.W. 42 Avenue		3. Mailing Office Address P.O. Box 33004	
Suite, Apt. #, etc. Suite 203		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State Coconut Grove, Florida	
Zip 33126	Country USA	Zip 33233	Country USA

4. Date Incorporated or Qualified To Do Business in Florida	5/21/93
5. FEI Number	65-0543729
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status
Applied For	Not Applicable

7. Name and Address of Current Registered Agent

Name Hamid Bolooki	
Street Address (P.O. Box Number is Not Acceptable) 351 N.W. 42 Avenue	
Suite, Apt. #, Etc. Suite 203	
City Miami,	State FL
	Zip Code 33126

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***1050.00 ***1050.00

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 Hamid Bolooki Date 5/24/00
REGISTERED AGENT MUST SIGN

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
P	Hamid Bolooki	351 N.W. 42 Avenue #203	Miami, Fl. 33126

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: Hamid Bolooki Hamid Bolooki Date 5/24/00 (305) 643-5040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/99)