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FILED

01 MAY 30 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLET...

CORPORATION REINSTATEMENT

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

DOCUMENT # P95000058751

1. Corporation Name

Empire Associates, Inc.
13421 S.W. 69th Court
Miami, FL 33156

2. Principal Office Address		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 7/31/95

5. FEI Number: 65-061174 ☐ 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: TODD CAPLIN

500004332615--0

Street Address (P.O. Box Number is Not Acceptable): 13421 SW 69 CT.

Suite, Apt. #, Etc.

City: MIAMI State: FL Zip Code: 33156

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: [signature] Date: 5/23/01

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
D/P/S/T	Stacy Cofield	13421 S.W. 69th Ct.	Miami, FL 33156

REINSTATEMENT 06-01

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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: [signature] 5-22-01 3052136958

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

FROM : DSI REAL ESTATE 813 281 2114 1901.05-17 14:52 #755 P.02/06

ACCOUNT NO. : 072100000032

REFERENCE : 153967 84041A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 900.00

ORDER DATE : May 17, 2001

ORDER TIME : 3:53 PM

ORDER NO. : 153967-010

CUSTOMER NO: 84041A

CUSTOMER: Ms. Norma Deguentner
Outback Steakhouse Of Florida,
5th Floor
2202 North Westshore Blvd.
Tampa, FL 33607

DOMESTIC FILINGS

NAME: EMPIRE ASSOCIATES, INC.
INC.

** File 1st **

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____