

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
2000
 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 CORPORATIONS
 00 NOV 20 AM 9:06

DOCUMENT # P95000065346
 1. Corporation Name WASHINGTON TAVERN, INC.

Principal Place of Business Mailing Address
 685 Washington Avenue 685 Washington Avenue
 Miami Beach, FL 33139 Miami Beach, FL 33139
 Miami Beach, FL 33140

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

REINSTATEMENT 00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
	855 Avenue of the Americas	8/23/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number
	Room 609, c/o BOGEN	65-0607871
City & State	City & State	Applied For
	New York, NY 10001	Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>
10001	U.S.A.	\$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
PVS	BECKER, JON R.	70 Ocean Front Dr.	Key Largo, FL 33037

200003493062--6
 -12/11/00--01026--012
 *****750.00 *****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BECKER, JON c/o Compass Cafe, Inc. 860 Ocean Drive Miami Beach, FL 33139	Name DOUGLAS D. STRATTON, ESQ. Street Address (P.O. Box Number is Not Acceptable) 407 Lincoln Road, Suite 2A Suite, Apt. #, Etc. City Miami Beach State FL Zip Code 33139

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] Date 11-15-00
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.) **AD**

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: [Signature] Date 11-15-00 (305) 318-3679
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (1/98)