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
03 JUL 15 PM 12:17

DOCUMENT # P95000095814

1. Corporation Name
HONDURAS MAYA RESTAURANT & CAFETERIA INC.

100027745051
07/23/03--01048--015 **300.00

REINSTATEMENT 99-03

2. Principal Office Address	3. Mailing Office Address
2333 Biscayne Blvd.	2333 Biscayne Blvd.
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Miami Florida	City & State: Miami Florida
Zip: 33137 Country: U.S.A.	Zip: 33137 Country: U.S.A.

4. Date Incorporated or Qualified to Do Business in Florida: 12/19/1995

5. FEI Number: 65-0629310 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED XX ($5.00 Additional Fee for Certified Copy)

7. Name and Address of Current Registered Agent

Name: ANA M. MEJIA

100027745051
07/23/03--01048--016 **1058.75

Street Address (P.O. Box Number is Not Acceptable): 2333 Biscayne Boulevard

Suite, Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 33137

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: X Ana Maria Mejia ANA M. MEJIA Date: 7/10/2003
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
DP	ANA M. MEJIA	812 N.W. 131th Avenue	Miami Florida 33182

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 the 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., 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: X Ana Maria Mejia ANA M. MEJIA 7/10/2003 (305) 362-9139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #