PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham **FOR** Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS 98 FEB 26 AM 7: 45 P96000045418 DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA MONSTER ROCK CAFE, INC. Principal Place of Business Malling Address 5125 N.W. 98TH DRIVE 5125 N.W. 98TH DRIVE CORAL SPRINGS FL 33076-2623 CORAL SPRINGS FL 33078-2623 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified
To Do Business in Florida Suite, Apt. #, etc. uite, Apt. #, etc. Hour Wood FL City & State 5. FEI Number Applied For 65-069 4167 HOILY WOOD \$8.75 Additional Fee required Zip 330 20 Zip33020 Country BROW 42D CERTIFICATE OF STATUS DESIRED 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) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) DANSAK, RONALD 5125 N.W. 98TH DRIVE **CORAL SPRINGS FL 33076** 600002445376---03/03/98--01047--015 ****300.00 ****300.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent DANSAK, RONALD Street Address (P.O. Box Number is Not Acceptable) 5125 N.W. 98TH DRIVE **CORAL SPRINGS FL 33076-2623** Sulte, Apt. #, Etc. City State Zip Code 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 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30. Yes 1 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 filling 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 pald 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR