DI EASE DEAD	ALI INST	BUCTIONS	beende (OMDI ETI	NG THIS FORM.	
APPLICATION FOR REINSTATEMENT	FLORIDA	DEPARTMEN Katherine Ha Secretary of S VISION OF CORPORE	NT OF STATE rris itate		. I []	
DOCUMENT # P97000067246 1. Corporation Name				99 MAR -9 AM 10: 18		
SEA-SHORE GRILL	INC			7.11.	STATE STATE STATE STATE	
Principal Place of Business 2911 SW 98 AVE Miami, F1 33165 If above addresses are incorrect in any way, line thro	Miam ough incorrect int	SW 98 AVE 1, F1 33165 formation and enter of	correction below.	REINS'	ratement glig	
New Principal Office Address, If Applicable New Mailing Office Address, If A Suite, Apt. #, etc Suite, Apt. #, etc			Applicable 		orated or Qualified ess in Florida 08/04/1997	
City & State					SR 76 Additional Eas	plicable
Zip Country 7. Names and Street Addresses of Each Officer and/	Zip or Director (Flori	Country da nonprofit corporal		I .	OF STATUS DESIRED S8.75 Additional Fee for a Certificate of	
Tifle(s) Name of Officers and/or Directors 2	· · · · · · · · · · · · · · · · · · ·	Stre	et Address of Each cer and/or Director e Post Office Box N	·	Gity / State / Z	
PD Rodriguez, Marisol Ze		2911 SW	2911 SW 98 AVC		Miami, Fl. 33165	
SD Carrera, Hector L.		12529 SW 211 FORT		r	Miami, F1 33177	
TD Argueta, Jose N		11332 SW 71 AVC			Miami, F1 33163	
VD Angeles, Juana A. 699		6997 West	997 West 24 Lane		Hialeah, F1 33016	
				31	00002811129 -03/18/9901094014 ****908.75 ****908.	
8. Name and Address of Current Registered Agent 9.				9. Name and A	ddress of New Registered Agent	66
Rodriguez, Marisol			Street Address (P.O. Box Number is Not Acceptable)			R2E081 (12
2911 SW98 AVE Mjami, Fl 33165		Suite, Apt #, Etc		Con 170 City	35	
Otty State Zip Code FL 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 Date 3-1-99 Registered Agent Date 3-1-99						j
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes \(\sum_{\text{No.}}\text{No.}\text{\text{No.}}\text{\text{No.}}\text{\text{(See other side for information on intangible tax.)}}						
12. Locally that 1 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 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 each						
SIGNATURE: MOUSE POLICE NAME OF SIGNING OFFICER OR DIRECTOR PD 3/1/99 (305)826-7400						