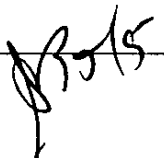
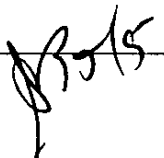
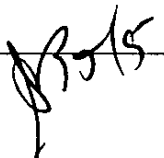
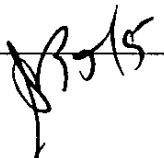


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P97000071919</b> 1. Entity Name <b>CORNELL CAFE, INC</b>					
Principal Place of Business <b>9367 TALWAY CIRCLE BOYNTON BEACH, FL 33437</b>				Mailing Address <b>9367 TALWAY CIRCLE BOYNTON BEACH, FL 33437</b>	
2. Principal Place of Business <b>4000 MORIKAMI PARK ROAD</b> Suite, Apt. #, etc.		3. Mailing Address <b>6599 WILD ORCHID TRAIL</b> Suite, Apt. #, etc.		 042520061 REIN-P CRZE098 (11/05) <b>US-06</b>	
City & State <b>DELRAY BEACH, FL</b> Zip <b>33446</b> Country <b>USA</b>		City & State <b>LAKE WORTH, FL</b> Zip <b>33467</b> Country <b>USA</b>		4. FEI Number <b>65-0775639</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent  <b>CHEN, MEI C 9367 TALWAY CIRCLE BOYNTON BEACH, FL 33437</b>				7. Name and Address of New Registered Agent Name <b>CHEN, MEI C.</b> Street Address (P.O. Box Number is Not Acceptable) <b>6599 WILD ORCHID TRAIL</b> City <b>LAKE WORTH</b> <b>FL</b> Zip Code <b>33467</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <b>4-28-06</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$900.00</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHEN, MEI C 9367 TALWAY CIRCLE BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHEN, MEI C. 6599 WILD ORCHID TRAIL LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>02-28-05 90223 047 \$150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000074337660 05/10/06--01022--001 **150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <b>4-30-06 954-946-8011</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					