PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT	s	DEPARTME secretary of S			06 JAA	FILED	
DOCUMENT # P97000072319 1. Corporation Name					i	ALLAH	TAKY OF STAT ASSEE, FLORIE	i:)A
Sundays On The Bay Restourant, Inc.					300065570263 02/10/0601026010 **450.00 IEINSTATEMENT 04-06			
2. Principa	al Office Address				BAB	EMMERNA -	0 (-0)	
5420 Crandon Blud. 5420			Crandon Blud.				CR2E081 (12/05)	
Suite, Apt. #, etc. Suite, Apt. #								·
						orporated or Qualified usiness in Florida 08/20/1997		
City & State City & State			5. FEI Nun					
			3iscayne, FL 65			8 a 7 9 38 Not Applicable		
zip 3314	19 USA	zip . 33149		s A	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent								
	A # A Registered Agent, Inc. Street Address (P.O. Box Number is Not Acceptable) 4551 Ponce De Leon Blud. Suite, Apt. #, Etc. City Coral Gables State Zip Code FL 33146							
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 Date 1/20/06 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		
PD	Bencomo, Esteban		5420 Crandon Blud.		Kcy	Biscayne	FL 33149	
VPD	Amaro, Pedro		5420	Crandon	Blud.	Key	Biscayne	FL 33149
TD	Recio, Ricardo		5420	Crandon	Blvd.	Key	Biscayne	, FL 33149
VPD	Reyes, Javier		5420	Crandon	Blvd.	Kcy	Biscayne	FL 33149
SD	Pino, Carlos		5420 Crandon Blud.		Key Biscayne, Fl 33149			
	(D) (A) 7							
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 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 period and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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 Date Daytime Phone #								

ALAYON & ASSOCIATES, P. A.

ATTORNEYS AND COUNSELORS AT LAW A PROFESSIONAL ASSOCIATION

RICHARD ALAN ALAYON (N.Y., FL., FED. SO. DIST, 11TH CIR & T.C.) JOSÉ A. SOCORRO (FL.) JORGE E. ISAAC (FL.) ANNETTE M. SEGURA (FL.)

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GARY S. BROOKS (FL. & FED.)*
DAVID S. WIEDER (FL. & FED.)*

4551 PONCE DE LEON BLVD. CORAL GABLES, FLORIDA 33146 TEL: (305) 221-2110 FAX: (305) 221-5321

*OF COUNSEL

January 27, 2006

Via Federal Express
Department of State
Attention: Ms. Gretchen Harvey

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Sundays On The Bay Restaurant, Inc.

Dear Ms. Harvey:

The above-mentioned entity did not receive notice with regards to filing of its annual reports.

Enclosed please find four hundred fifty dollars (\$450.00) for the reinstatement fee for 2004, 2005 and 2006

Thank you,

Annette Segura, Esq.

Enclosures.