


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**  
**Mar 22, 2007 8:00 A.M**  
**Secretary of State**

<b>CORPORATION</b> 2007		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT #** P97 0000 72319

**1. Corporation Name**  
SUNDAYS ON THE BAY RESTAURANT, INC.

<b>2. Principal Office Address - No P.O. Box #</b> 5420 CRANDON BLVD		<b>3. Mailing Office Address</b> 2472 NW 21 TERR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> KEY BISCAYNE, FL		<b>City &amp; State</b> MIAMI, FL	
<b>Zip</b> 33149	<b>Country</b> USA	<b>Zip</b> 33142	<b>Country</b> USA

CR2E081 (1/07)

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 8/20/97	<b>Applied For</b>
<b>5. FEI Number</b> 65-0827938	<b>Not Applicable</b>
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

**7. Name and Address of Current Registered Agent**

**Name**  
BENCOMO, ESTEBAN

**Street Address (P.O. Box Number is Not Acceptable)**  
2472 NW 21 TERRACE

**Suite, Apt. #, Etc.**

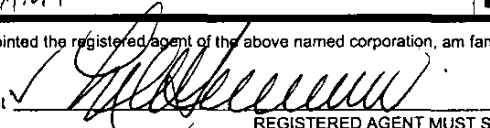
**City**  
MIAMI

**State**  
FL

**Zip Code**  
33142

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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**  **REGISTERED AGENT MUST SIGN**

**Date** 2/15/07

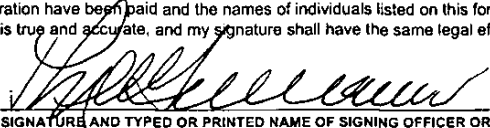
**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
P/D	BENCOMO, ESTEBAN	2472 NW 21 TERR	MIAMI, FL 33142

TS 3/27/07

400096247564  
04/09/07--01049--015 \*\*300.00

**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 paid 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** 2/15/07 **Daytime Phone #** 305-322-1477