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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION-FILEO Sandra B. Mortham 1998 FOR AR Secretary of State REINSTATEMENT 1998 110V 23 PM 3: 48 DIVISION OF CORPORATIONS . SORTTARY OF STATE --CLAHASSEE, FLORIDA P97000091392 DOCUMENT # 1. Corporation Name DIVINA RESTAURANT, INC. Principal Place of Business Mailing Address C/O M./PATRICK, ESO. C/O M. PATRICK. ESQ. 114 KANE CONCOLIÉSE 1 PAL KANE CONCOURSE BAY HARBOR ISLANDS FL 33154 BAY HARBOR ISLANDS FL 33154 5cc 11-23-98 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable 210 23 ST Date Incorporated or Qualified To Do Business in Florida <u> 40</u> 10/23/1997 Apt. #, etc. 5. FEI Number Applied For 105-0789721 BEACH Not Applicable \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED UD 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 Title(s) City / State / Zip Use Post Office Box Number GARCIA DEEJANDRO 1141 KANE CONCOURSE BAY-HARBOR ISLANDS FL-33154 CARCIAL CORENA Ð 1141 KANE CONCOURSE BAY HARBOR ISLANDS FL-93154 BAY HARBOR ISLANDS FL 33154 MIAMI BEAZH 3134 SHERIO D HAKMAN, SAM 1141 KANE CONCOURSE 1141 KANE CONCOURSE 3/34 SHE-LUD BAY HARBOR ISLANDS FL 33154 Đ LYN, SONIA DUALH FL 3314 MIAMI XEREY, SHALOM 1141 KANE-CONGOURSE BAY-HARBOR ISLANDS-FL-33:154 200002707542--1 -12/09/98--01074--038 9. Name and Address of New Register Agent ** 150.00 8. Name and Address of Current Registered Agent DONIA LYN TPATRICK, MARTY-ESQ-Street Address (P.O. Box Number is Not Acceptable) 3134 SHERIOAN -1141-KANE-CONCOURSE Apt. #, Etc -BAY-HARBOR-ISLANDS-FL-93154 -MAM be ACH Zip Code 33140 MIAMI BEACH 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.

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 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 oath.

Yes

Signature of Registered Agent

This corporation owes or has paid the current year

Intangible Personal Property tax due June 30.

REGISTERED AGENT MUST SIGN

11-20-98 805 532

(See other side for information on intangible tax.)

20 November 1998

Florida Department of State Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee Fl. 32314-6327

Re: Divina Restaurant, Inc. - Document # P97000091392

Please find enclosed application for reinstatement for the referenced corporation.

The company did not receive a copy of your annual filing form and accordingly did not file the most recent annual report form when due. You will notice several changes including a change in the current registered agent and the mailing address to avoid this happening again. I enclose our check for annual fees of \$150.00.

Thank you for your assistance.

Very truly yours,

Sonia Lyn