PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 OCT 26 PM 3:22

DOCUMENT # P-98000022145

1. Corporation Name

WISH CAFE, INC.

2. Principal Office Address	**3.** Mailing Office Address
640 OCEAN DRIVE	640 OCEAN DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI BEACH, FL	City & State: MIAMI BEACH, FL
Zip: 33139 Country: MIAMI-DADE	Zip: 33139 Country: MIAMI-DADE

~~AUTHORIZATION~~ REINSTATEMENT 99-01

4. Date Incorporated or Qualified To Do Business in Florida: 3/9/98

5. FEI Number: 65-0829061 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Marlo Courtney

Street Address (P.O. Box Number is Not Acceptable): 640 OCEAN DRIVE

Suite, Apt. #, Etc.:

City: MIAMI BEACH State: FL Zip Code: 33139

000004673107--3
-11/14/01--01066--028
****300.00 ****300.00

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 Oct. 25, 2001

CR2E081 (9/00)

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	R. ANTHONY GOLDMAN	640 OCEAN DRIVE	MIAMI BEACH, FL 33139
S	JESSICA GOLDMAN	640 OCEAN DRIVE	MIAMI BEACH, FL 33139

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 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.

SIGNATURE: _____ Secretary Oct. 25, 2001 305-531-4411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #