
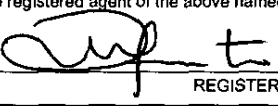



FILED
Mar 11, 2002 8:00 am
Secretary of State

PLEASE READ ALL INSTRUCTIONS BEFORE COM

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000061890			
1. Corporation Name KABANA RESTAURANT & NIGHTCLUB, INC.			
2. Principal Office Address 5360 N. FEDERAL HWY Suite, Apt. #, etc.		3. Mailing Office Address 4030 NE 17TH TERRACE Suite, Apt. #, etc.	
City & State LIGHTHOUSE POINT, FL		City & State POMPANO BEACH, FL	
Zip 33064	Country USA	Zip 33064	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 07/08/1998		5. FEI Number 65-0849937	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name WILLIAM GOMES CASTRO			
Street Address (P.O. Box Number is Not Acceptable) 4030 NE 17TH TERRACE			
Suite, Apt. #, Etc.			
City POMPANO BEACH		State FL	Zip Code 33064
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 3/06/02	
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
P/S/D	WILLIAM GOMES CASTRO	4030 NE 17TH TERRACE	POMPANO BEACH FL 33064
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: 		WILLIAM G. CASTRO	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3/6/02	Daytime Phone # (561)2392134

CR2E081 (9/01)

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