

PLEASE READ ALL INSTRUCTIONS BEFORE COM

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

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.		3. Mailing Office Address 4030 NE 17 TH TERRACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LIGHTHOUSE POINT, FL		City & State POMPANO BEACH, FL	
Zip 33064	Country USA	Zip 33064	Country USA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

00-02

4. Date Incorporated or Qualified To Do Business in Florida	07/08/1998
5. FEI Number 65-0849937	Applied For Not Applicable
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 17 TH TERRACE			
Suite, Apt. #, Etc.			
City POMPANO BEACH		State FL	Zip Code 33064

1000005145671  
-03/22/02-01025-016  
\*\*\*1050.00 \*\*\*1050.00

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

*W. Gomes*

Date

3/06/02

CR2001 (S-01)

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 17 TH 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: *W. Gomes* WILLIAM G. CASTRO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/02 (561)239-2134  
Date Daytime Phone #

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