
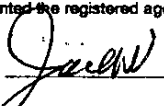
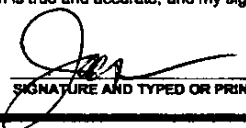


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P-98000087751			
1. Corporation Name CORAL BAY RESTAURANT, INC. 164 NEWPORT HARBOR DRIVE AGUA FORTI ISLAND FLA 32952			
2. Principal Office Address 1542 KINGSLEY AVE Suite, Apt. #, etc. SUITE 131		3. Mailing Office Address 1542 KINGSLEY AVE Suite, Apt. #, etc. SUITE 171	
City & State ORANGE PARK FLA		City & State ORANGE PARK FL	
Zip 32073	Country USA	Zip 32073	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 10-28-1998		5. FEI Number 593540382	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Name and Address of Current Registered Agent			
Name JACK WAGLER			
Street Address (P.O. Box Number is Not Acceptable) 1542 KINGSLEY AVE			
Suite, Apt. #, Etc. SUITE 131			
City ORANGE PARK		State FL	Zip Code 32073
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 10-26-06	
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
Pres	JACK WAGLER	AS ABOVE	AS ABOVE
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: 		10-26-06 904-226-5486	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #