

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
DIVISION OF CORPORATIONS

02 JAN 10 PM 1:58

DOCUMENT# **P99000016796**

1. Corporation Name

AMAZON GRILL HOUSE OF SPECIALTIES, INC.

2. Principal Office Address

700 N. ATLANTIC BLVD.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

Zip

33304

Country

USA

3. Mailing Office Address

700 N. ATLANTIC BLVD.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

Zip

33304

Country

USA

REINSTATEMENT 06-01

4. Date Incorporated or Qualified
To Do Business in Florida

02/19/1999

5. FEI Number

65-0947951

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

SOARES, KELLER

000004781230-0

Street Address (P.O. Box Number is Not Acceptable)

700 N. ATLANTIC BLVD.

~~01/17/02~~ ~~01024~~ ~~010~~

****908.75 ****908.75

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

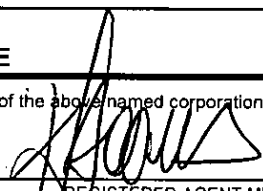
FL

Zip Code

33304

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

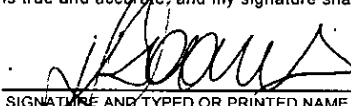
01/07/02

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
VD	SOARES, KELLER	5581 WINSTON PARK BLVD., #201	COCONUT CREEK FL 33073
PD	DOS SANTOS, ANA MARIA P.	398 SE MIZNER BLVD., #1916	BOCA RATON FL 33432
TSD	CAVALCANTI, DENIS	6055 BOCA COLONY DR., #734	BOCA RATON FL 33433

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 1 19.07(3)(1), 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V/P

Date

10/20/01

Daytime Phone #

954-2543939