


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 DEC -5 AM 9:56

DOCUMENT # R99000022614

1. Corporation Name  
27th Street Restaurant, Inc.  
F/K/A Mercy's Restaurant, Inc.

2. Principal Office Address 10300 Sunset Drive Suite, Apt. #, etc. 140 City & State Miami, FL Zip 33173 Country USA		3. Mailing Office Address Same Suite, Apt. #, etc. " " City & State " " Zip " " Country " "	
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4. Date Incorporated or Qualified To Do Business in Florida 3/11/99	
5. FEI Number 65-0908605	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
Mario de las Cuevas

Street Address (P.O. Box Number is Not Acceptable)  
10300 Sunset Drive,  
Suite, Apt. #, Etc.  
140

City  
Miami,

800003500318-7  
-12/13/00-01100-001  
\*\*\*\*150.00-\*\*\*\*150.00  
State  
FL  
Zip Code  
33173

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 11/22/00

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
D/P	Mario de las Cuevas	10300 Sunset Dr, Suite 140	Miami, FL 33173

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:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/22/00 305-596-1606

CR2E081 (9/99)

MERCY'S RESTAURANT, INC  
10300 SUNSET DRIVE, SUITE 140  
MIAMI, FL 33173

(2)

P99000022614

November 27, 2000

Florida Department of State  
Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

Re: Reinstatement form  
P99000022614

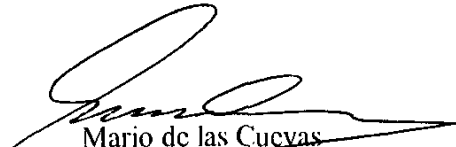
To Whom It May Concern:

Enclosed please find Corporation Reinstatement form and check in the amount of \$150.00.

We never received the original filing form and respectfully request that it be reinstated without penalty.

Your cooperation is appreciated.

Sincerely,

  
Mario de las Cuevas  
President

MC/ym