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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAY 15 AM 8:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000027650

1. Corporation Name
SRO RESTAURANT MANAGEMENT, INC.

REINSTATEMENT 5-06

2. Principal Office Address	3. Mailing Office Address
5101 CONGRESS AVE	5101 CONGRESS AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33487 Country: USA	Zip: 33487 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03-22-99

5. FEI Number: 65-0848152 ☐ 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: KIRSCHNER, MITCHELL
c/o HODGSON RUSS, LLP
Street Address (P.O. Box Number is Not Acceptable): 1801 N MILITARY TRAIL
Suite, Apt. #, Etc.: SUITE 200
City: BOCA RATON State: FL Zip Code: 33431

300075222358
05/25/06--01012--009 **50.00

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 _____ Date _____
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
PD	DONOVAN, PETER	5101 CONGRESS AVE.	BOCA RATON, FL 33487
VTD	KIRLAND, ROBERT A	5101 CONGRESS AVE.	BOCA RATON, FL 33487
S	KIRSCHNER, MITCHELL	1801 N MILITARY TRAIL SUITE 200	BOCA RATON, FL 33487

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: _____ 04-27-06 561-912-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell MAY 22 2006

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SRORestaurant Management, Inc.

5101 Congress Avenue
Boca Raton, Florida 33487
(561) 912-9800

April 27, 2006

Annual Reports
Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee FL 32314

RE: Annual Report Filing
Document # P99000027650

To Whom It May Concern:

We did not receive the annual report filing notices for the following years: 2004, 2005 or 2006. It appears that the mailing address had changed for our registered agent. We therefore are making the necessary changes to the current report. And are submitting the current amount due.

We would appreciate it if the fees could be waived.

If I can be of further assistance please call.

Sincerely,

Peter Donovan
Proprietor