


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000034876		
1. Entity Name WINSTON PARK CENTER RESTAURANT INC.		

FILED

06 NOV -9 PM 4:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 5375 LYONS ROAD COCONUT CREEK, FL 33073	Mailing Address 5375 LYONS ROAD COCONUT CREEK, FL 33073
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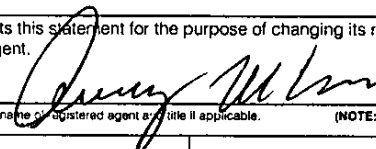
2. Principal Place of Business		3. Mailing Address 5963 W. Hillsboro Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite B	
City & State		City & State Parkland FL 33067	
Zip	Country	Zip	Country
		33067	Barbados

10252006 REIN-P CR2E098 (11/05)

4. FEI Number 65-0913450	Applied For <input type="checkbox"/> Not Applicable
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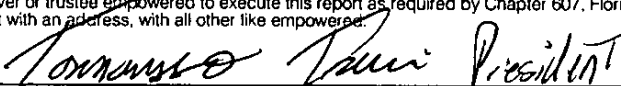
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TROIA, LORENZO 5375 LYONS ROAD COCONUT CREEK, FL 33073		7. Name and Address of New Registered Agent Name Audrey M. Troia Street Address (P.O. Box Number is Not Acceptable) 5963 W. Hillsboro Blvd Suite B City Parkland FL Zip Code 33067	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 10/20/06

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TROIA, TOMMASO 5104 NW 57 TERR CORAL SPRINGS, FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Audrey M. Troia 5963 W. Hillsboro Blvd Parkland FL 33067 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TROIA, LORENZO 5348 NW 122 DRIVE CORAL SPRINGS, FL 33076 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. President Lorenzo Troia 10/31/06--01013--008 **158.75 5348 NW 122 DR Coral Springs FL 33076 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 06 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	Date 10/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone # 954 346-2778	