PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE 04 FEB 18 AH 9:35 CORPORATION Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLOTIDA DOCUMENT # PARRON S S 490 Parda Foodservice Inc. D.B.A. Flamingo Cafe PO- 10 THE WETATENIESS 400029013674 02/18/04--01028--003 **450.00 3. Mailing Office Address 2588 P6A Blvd. 2. Principal Office Address 4. Date Incorporated or Qualified To Do Business in Florida Applied For 5. FEI Number .brlm Palm Reh Cordns. Fl Not Applicable \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 7. Name and Address of Current Registered Agent Magnolia Drive Suite, Apt. #, Etc. State City accept the obligations of section 607.0505 or 617.0503, F.S 8. I, being appointed the regis Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director City / State / Zip Name of Officers and/or Directors 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:

2/11/04 Tallahassee, F.L. 32314. Per our convers