


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # S98295</b>		
1. Entity Name <b>CORAL CREEK SHOPPES RESTAURANT, INC.</b>		

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 31 AM 9:50

Principal Place of Business <b>6512 N STATE RD 7 COCONUT CREEK, FL 33073 US</b>	Mailing Address <b>6512 N STATE RD 7 COCONUT CREEK, FL 33073 US</b>
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**REINSTATEMENT** 06

2. Principal Place of Business	3. Mailing Address <b>5963 W. Hillsboro Blvd Suite B</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Parkland FL</b>	City & State <b>Parkland FL</b>
Zip <b>33067</b>	Country <b>USA</b>



10252006 REIN-P CR2E098 (11/05)

4. FEI Number <b>65-0298816</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>TROIA, LORENZO 6512 N STATE RD 7 COCONUT CREEK, FL 33073</b>	7. Name and Address of New Registered Agent Name <b>Anthony M. Troia</b> Street Address (P.O. Box Number is Not Acceptable) <b>5963 W. Hillsboro Blvd Suite B</b> City <b>Parkland FL</b> Zip Code <b>33067</b>
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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**

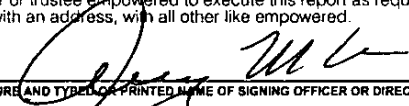
Signature, typed or printed name of registered agent, whichever is applicable. (NOTE: Registered Agent signature required when reinstating)

**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.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b>	<input type="checkbox"/> Delete	TITLE <b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>TROIA, LORENZO</b>		NAME <b>Anthony M. Troia</b>	
STREET ADDRESS <b>5370 NW 103RD WAY</b>		STREET ADDRESS <b>5963 W. Hillsboro Blvd</b>	
CITY-ST-ZIP <b>CORAL SPRGS, FL 33076</b>		CITY-ST-ZIP <b>Parkland FL 33067</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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** DAYTIME PHONE #: **954 346-8770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR