

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 MAR 15 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V26809

1. Corporation Name  
FLAGLER & 57TH AVE. LOUNGE & LIQUOR STORE, INC.

Principal Place of Business Mailing Address  
5741 W FLAGLER ST 5741 W FLAGLER ST  
MIAMI, FL MIAMI, FL 33144

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. New Mailing Office Address, If Applicable  
5193 NW 5 ST  
Suite, Apt. #, etc.  
City & State  
MIAMI, FL  
Zip Country  
33126 USA

REINSTATEMENT

98-99  
1-19  
3/15/99

4. Date Incorporated or Qualified To Do Business in Florida 04/07/1992

5. FEI Number 65-0329710 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D/P/S/T	GONZALES, RAFAEL	5193 NW 5 STREET	MIAMI, FL 33126

900002814209--0  
-03/22/99--01143--002  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

GONZALEZ, RAFAEL R.  
5741 W. FLAGLER ST  
MIAMI, FL

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
5193 NW 5 ST  
Suite, Apt. #, Etc.  
City MIAMI  
State Zip Code  
FL 33126

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 3/3/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. 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)(b), 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAFAEL R. GONZALEZ

3/3/99

Date

(305)

Daytime Phone #

CRF 2001-093