

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 JUN -8 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F01000006437

1. Corporation Name  
Bachelor Restaurant Group, Inc.

2. Principal Office Address <b>1 EAST FIRST STREET</b>		3. Mailing Office Address <b>10463 HARRIER STREET</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Reno NV		City & State Plantation FL	
Zip 89501	Country U.S.A.	Zip 33324	Country U.S.A.

**REINSTATEMENT** *o.c.w.t.*

4. Date Incorporated or Qualified To Do Business in Florida 12/18/01	
5. FEI Number 311567922	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Carlos J. Villanueva, Esq.	
Street Address (P.O. Box Number is Not Acceptable) 2100 Ponce de Leon Blvd.	
Suite, Apt. #, Etc. 600	
City Coral Gables	State FL
Zip Code 33134	

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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 *[Signature]* Date **5-7-04**

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
D/P/S	Bachelor, Eric	10463 Harrier Street	Plantation, FL 33324
D	Bachelor, Brenda	10463 Harrier Street	Plantation, FL 33324

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: *[Signature]* **CARLOS J. VILLANUEVA**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ATTY IN FACT** Date **5-7-04** Daytime Phone # **305-377-0812**

CR2E081 (01/04)