


**2008 FOR PROFIT CORPORATION  
REINSTATEMENT**

**DOCUMENT # G38170**  
 1. Entity Name  
**D E A RESTAURANT GROUP, INC.**



FILED  
 08 JUN 30 PM 1:31  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**8445 INTERNATIONAL DR, STE 126** **8445 INTERNATIONAL DR, STE 126**  
**ORLANDO, FL 32819 US** **ORLANDO, FL 32819 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
**5250 Internationale Dr** **5250 Internationale Drive**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**#54** **#54**

City & State City & State  
**Orlando, Florida** **Orlando, Florida**

Zip Country Zip Country  
**32819 USA** **32819 USA**



**REINSTATEMENT**  
 06291098 06291098 (1/07) 07-08

4. FEI Number Applied For  
**59-2279837**  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**EICHER, JEFFREY M**  
**4357 VIRGINIA DRIVE**  
**ORLANDO, FL 32814**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 *Jeffrey M. Eicher* DATE 06-24-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$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 NAME STREET ADDRESS CITY - ST - ZIP	PD EICHER, JEFFREY 4357 VIRGINIA DRIVE ORLANDO, FL 32814 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400131991754</b> <b>06/30/08--01096--007 ***300.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD STEIGERWALD, ALBERT J. 4357 VIRGINIA DRIVE ORLANDO, FL 32814 <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	SD PANICO, JAMES P. 111 S. MAITLAND AVE. MAITLAND, FL <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	T STEIGERWALD, ALBERT J 4537 VIRGINIA DRIVE ORLANDO, FL 32814 <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	<i>7/9/30</i> <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: *Jeffrey M. Eicher* Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR