

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000096905

1. Corporation Name

Neighborhood Sports Grill, Inc.

2. Principal Office Address - No P.O. Box #

6450 North Federal Highway

Suite, Apt. #, etc.

3. Mailing Office Address

6450 North Federal Highway

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33487

Country

USA

Zip

33487

Country

USA

7. Name and Address of Current Registered Agent

Name
William F. Cobb, Esq.

Street Address (P.O. Box Number is Not Acceptable)
2586 Southeast 8th Street

Suite, Apt. #, Etc.

City
Pompano Beach

State
FL

Zip Code
33062

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

William F. Cobb
REGISTERED AGENT MUST SIGN

Date **10/19/07**

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	Martin Lisiewski	6450 North Federal Highway	Boca Raton, FL 33487
	<i>[Signature]</i>		

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 contained in Chapter 119, 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:

Martin E Lisiewski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 19 - 07

Date

Daytime Phone #

FILED
07 OCT 25 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500111358575
10/25/07 01040-004 **750.00

REINSTATEMENT 07

4. Date Incorporated or Qualified To Do Business in Florida

09/04/2003

5. FEI Number

75-3130265

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.