

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 838045

FILED
Oct 17, 2005
Secretary of State

Entity Name: TAVERN RESTAURANT GROUP, INC.

Current Principal Place of Business:

11340 MONTGOMERY RD
STE 206
CINCINNATI, OH 45249 US

New Principal Place of Business:

3015 TAMiami TRAIL
NAPLES, FL 34112 US

Current Mailing Address:

11340 MONTGOMERY RD
STE 206
CINCINNATI, OH 45249 US

New Mailing Address:

FEI Number: 20-0353504 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, DESHA N JR
180 CHANNEL DRIVE
NAPLES, FL 339639142 US

Name and Address of New Registered Agent:

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.

SIGNATURE: DESHA SANDERS

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SVP () Delete
Name: SANDERS, DESHA JR
Address: 180 CHANNEL DRIVE
City-St-Zip: NAPLES, FL

Title: PD () Delete
Name: SANDERS, WALLACE
Address: 11340 MONTGOMERY RD
City-St-Zip: CINCINNATI, OH 45249 US

Title: SD () Delete
Name: SMITH, MARY E
Address: 1809 DALNA DR.
City-St-Zip: LEXINGTON KY,

Title: D () Delete
Name: SIMMONS, GAYLE S
Address: 6840 SABLE RIDGE LANE
City-St-Zip: NAPLES, FL

Title: T () Delete
Name: HENSLEY, TOM
Address: 11340 MONTGOMERY RD
City-St-Zip: CINCINNATI, OH 45249 US

Title: VP () Delete
Name: YOUNG, DAVID R
Address: 11340 MONTGOMERY RD
City-St-Zip: CINCINNATI, OH 45249 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM HENSLEY

T

10/17/2005

Electronic Signature of Signing Officer or Director

Date