

OCT. 9. 2006 5:02PM

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NO. 645

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2006 FOR PROFIT CORPORATION
REINSTATEMENT

DOCUMENT # F04000004583					
1. Entity Name BACK BAY RESTAURANT GROUP, INC.					
Principal Place of Business 284 NEWBURY STREET BOSTON, MA 02115			Mailing Address 284 NEWBURY STREET BOSTON, MA 02115		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. & etc.			Suite, Apt. & etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 04-2812651			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8,733 Additional Fee Required		
6. Name and Address of Current Registered Agent INCORPORATION SERVICE COMPANY 2291 HAYS STREET TALLAHASSEE, FL 32301-2525			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 certifies its statement for the purpose of changing its registered agent, or both in the State of Florida. I am familiar with, and accept, the obligations of registered agent. Signature: <u>Heather Chapman</u> as its agent <u>10/9/06</u> Signature (Printed name of registered agent and title is required) (NOTE: Registered Agent signature required when reinstating) DATE					
9. FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$800.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME
CD	SARKIS, CHARLES F	284 NEWBURY STREET	BOSTON, MA 02115		
PCSO	SARKIS, CHARLES F	284 NEWBURY STREET	BOSTON, MA 02115		
OPD	DALTON, RICHARD P	284 NEWBURY STREET	BOSTON, MA 02115		
VTAS	CIANPA, ROBERT J	284 NEWBURY STREET	BOSTON, MA 02115		
V	LAGROTTERIA, ANNE MARIE	284 NEWBURY STREET	BOSTON, MA 02115		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 170, 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 of the recipient or trustee empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or in an addendum with attachments, with all other filers incorporated.					
SIGNATURE: <u>Robert J. Cianpa</u> <u>10/6/06</u> Signature (Printed name of registered agent and title is required) DATE					

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Florida Department of State

Division of Corporations
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Division of Corporations
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From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

Heather x2908

CORPORATION REINSTATEMENT

BACK BAY RESTAURANT GROUP, INC.

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