

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F07000005553

**FILED**  
**Oct 09, 2009**  
**Secretary of State**

**Entity Name:** BARBEQUE INTEGRATED, INC.

**Current Principal Place of Business:**

5200 TOWN CENTER CIR., STE. 600  
BOCA RATON, FL 33486

**New Principal Place of Business:**

8529 SOUTH PARK CIRCLE  
SUITE 410  
ORLANDO, FL 32819

**Current Mailing Address:**

5200 TOWN CENTER CIR., STE. 600  
BOCA RATON, FL 33486

**New Mailing Address:**

8529 SOUTH PARK CIRCLE  
SUITE 410  
ORLANDO, FL 32819

**FEI Number:** 26-1305332

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324 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:** BRUCE HAWKINS

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

**Title:** AS ( ) Delete  
**Name:** FINNIGAN, DAVID  
**Address:** 8529 SOUTH PARK CIRCLE - SUITE 410  
**City-St-Zip:** ORLANDO, FL 32819

**Title:** AS ( ) Delete  
**Name:** WERKING, DOUGLAS  
**Address:** 8529 SOUTH PARK CIRCLE - SUITE 410  
**City-St-Zip:** ORLANDO, FL 32819

**Title:** VPAS ( ) Delete  
**Name:** HAJDUCH, MARK  
**Address:** 8529 SOUTH PARK CIRCLE - SUITE 410  
**City-St-Zip:** ORLANDO, FL 32819

**Title:** CFO ( ) Delete  
**Name:** HAWKINS, BRUCE F  
**Address:** 8529 SOUTH PARK CIRCLE - SUITE 410  
**City-St-Zip:** ORLANDO, FL 32819

**Title:** PCEO ( ) Delete  
**Name:** BAINES, IAN H  
**Address:** 8529 SOUTH PARK CIRCLE - SUITE 410  
**City-St-Zip:** ORLANDO, FL 32819

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** AS (X) Change ( ) Addition  
**Name:** FINNIGAN, DAVID  
**Address:** 5200 TOWN CENTER CIRCLE SUITE 600  
**City-St-Zip:** BOCA RATON, FL 33486

**Title:** AS (X) Change ( ) Addition  
**Name:** WALTERS, RICK  
**Address:** 5200 TOWN CENTER CIRCLE SUITE 600  
**City-St-Zip:** BOCA RATON, FL 33486

**Title:** VPAS (X) Change ( ) Addition  
**Name:** HAJDUCH, MARK  
**Address:** 5200 TOWN CENTER CIRCLE SUITE 600  
**City-St-Zip:** BOCA RATON, FL 33486

**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 exemption stated 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 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:** BRUCE HAWKINS

Electronic Signature of Signing Officer or Director

CFO

10/09/2009

Date