


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

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

Principal Place of Business 859 PALMER AVE WINTER PARK, FL 32789 US	Mailing Address 859 PALMER AVE WINTER PARK, FL 32789 US
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2. Principal Place of Business 8445 International Dr. Suite, Apt. #, etc. Suite # 126 City & State Orlando, Florida Zip 32819 Country USA	3. Mailing Address 8445 International Drive Suite, Apt. #, etc. Suite # 126 City & State Orlando, Florida Zip 32819 Country USA
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6. Name and Address of Current Registered Agent STEIGERWALD, ALBERT J. 859 PALMER AVE. WINTER PARK, FL 32789	7. Name and Address of New Registered Agent Name Jeffrey M. Eicher Street Address (P.O. Box Number is Not Acceptable) 4357 Virginia Drive City Orlando FL Zip Code 32814
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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: Jeff M. Eicher, PRESIDENT, DATE: 2/15/05  
Signature of registered agent 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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JEFFREY EICHER 1500 BERSHIRE AVENUE WINTER PARK, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD Jeffrey Eicher 4357 Virginia Drive Orlando, FL 32814 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEIGERWALD, ALBERT J. 859 PALMER AVENUE WINTER PARK, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Steigerwald, Albert J. 4357 Virginia Drive Orlando, FL 32814 <input checked="" 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	300048417863 03/15/05--01029--016 ***300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEIGERWALD, ALBERT J 859 PALMER AVENUE WINTER PARK, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Steigerwald, Albert J 4357 Virginia Drive Orlando, FL 32814 <input checked="" 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
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 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 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: Jeff M. Eicher, PRESIDENT, DATE: 2/15/05, 407.352.3805  
Signature and typed or printed name of signing officer or director

FILED  
05 MAR -7 AM 9:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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4. FEI Number 59-2279837	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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