


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

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

Principal Place of Business 8445 INTERNATIONAL DR, STE 126 ORLANDO, FL 32819 US	Mailing Address 8445 INTERNATIONAL DR, STE 126 ORLANDO, FL 32819 US
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2. Principal Place of Business - No P.O. Box # 5250 Internationale Dr. Suite, Apt. #, etc. #54 City & State Orlando, Florida Zip 32819 Country USA	3. Mailing Address 5250 Internationale Drive Suite, Apt. #, etc. #54 City & State Orlando, Florida Zip 32819 Country USA
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FILED  
08 JUN 30 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT  
06291008 06291008 (1/07) 07-08

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
6. Name and Address of Current Registered Agent EICHER, JEFFREY M 4357 VIRGINIA DRIVE ORLANDO, FL 32814	
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 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 Jeffrey M. Eicher DATE 06-24-08  
Signature, typed 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 EICHER, JEFFREY 4357 VIRGINIA DRIVE ORLANDO, FL 32814 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400131991754 06/30/08--01036--007 ***300.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD STEIGERWALD, ALBERT J. 4357 VIRGINIA DRIVE ORLANDO, FL 32814 <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	SD PANICO, JAMES P. 111 S. MAITLAND AVE. MAITLAND, FL <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	T STEIGERWALD, ALBERT J 4357 VIRGINIA DRIVE ORLANDO, FL 32814 <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	<u>\$76/30</u> <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 exemptions contained 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 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: Jeffrey M. Eicher Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR