


FILED

06 APR -5 PM 12: 01

STATE  
TALLAHASSEE, FLORIDA

### 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # H80775			
1. Entity Name CENTRAL FLORIDA RESTAURANT GROUP, INC.			
Principal Place of Business % BILLY JOE WATSON 2435 7TH ST., SW WINTER HAVEN, FL 33880		Mailing Address % BILLY JOE WATSON 2435 7TH ST., SW WINTER HAVEN, FL 33880	
2. Principal Place of Business 4000 COUNTRY CLUB DR S Suite, Apt. #, etc.		3. Mailing Address 4000 COUNTRY CLUB DR S Suite, Apt. #, etc.	
City & State WINTER HAVEN FL		City & State WINTER HAVEN FL	
Zip 33881		Country USA	
4. FEI Number 59-2586942		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 WATSON, BILLY JOE 2435 7TH ST. S.W. WINTER HAVEN, FL 33880		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4000 COUNTRY CLUB DR S City WINTER HAVEN FL Zip Code 33881	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATSON, BILLY JOE 2435 7TH ST SW WINTER HAVEN, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BILLY JOE WATSON 4000 COUNTRY CLUB DR S WINTER HAVEN FL 33881 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST POPE, TONYA 2435 7TH ST SW WINTER HAVEN, FL 33880 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800070803798 04/18/06--01038--025 **300.00 <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
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
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: <u>Billy Joe Watson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4-3-06</u> <small>Date</small>	



03012008 REINSTATE CR2E098 (11/05)

05-06