

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# K25497

**FILED**  
**Oct 18, 2011**  
**Secretary of State**

**Entity Name:** AUNT I'S WEST INDIAN RESTAURANT INC.

**Current Principal Place of Business:**

19934 NW 2ND AVE  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

19934 NW 2ND AVE  
MIAMI, FL 33169

**New Mailing Address:**

**FEI Number:** 59-2840388

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRANT, WINSTON  
19934 NW 2ND AVE  
MIAMI GARDENS, FL 33169 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: WINSTON GRANT

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GRANT, WINSTON JR.  
Address: 2211 NW 94 AVE  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: SD  
Name: CARTWRIGHT, MARCIA  
Address: 15837 WAVERLY MANOR  
City-St-Zip: DAVIE, FL 33331

Title: VD  
Name: GRANT, CARY  
Address: 17011 SW 62 COURT SW  
City-St-Zip: RANCHES, FL 33331

Title: TD  
Name: GRANT, SONIA  
Address: 2647 SW 137TH AVE.  
City-St-Zip: MIRAMAR, FL 33027

Title: D  
Name: COCKING, ANNMARIE  
Address: 15837 WAVERLY MANOR  
City-St-Zip: DAVIE, FL 33331

I hereby 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 all other like empowered.

SIGNATURE: MARCIA CARTWRIGHT

SD

10/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date