

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000027954					
1. Entity Name TOMOKA RIVER GRILLE MANAGEMENT, LLC.					
Principal Place of Business 950 N US 1 ORMOND BEACH, FL 32174			Mailing Address 1042 N US 1 STE 11 ORMOND BEACH, FL 32174		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 04-3753941	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GORNT0, L.A. JR, ESQ 149 S. RIDGEWOOD AVE., STE. 550 DAYTONA BEACH, FL 32114			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARSHAY, RAYMOND 1042 N US 1 STE 11 ORMOND BEACH, FL 32174	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRG SCHWARZ, EDWARD 457 S. RIDGEWOOD AVE. DAYTONA BEACH, FL 32114	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			REINSTATEMENT 2WS 200060632812 10/14/05--01069--009 **50.00		
SIGNATURE: <u>Raymond Barclay</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			10/1/05 386.671.1830 Date Daytime Phone #		