

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000031536	
1. Entity Name S & T RESTAURANT GROUP LLC	



Principal Place of Business 821 N VICTORIA PARK RD #7 FORT LAUDERDALE, FL 33304 US	Mailing Address 821 N VICTORIA PARK RD #7 FORT LAUDERDALE, FL 33304 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. BOX 4394	
City & State		City & State FORT LAUDERDALE FL	
Zip	Country	Zip	Country
		33338	USA

FILED  
2005 MAY -2 PM 3:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04292005 REIN-LLC CR2E101 (6/04)

4. FEI Number 72-3887332	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  SCHINDEL, MATTHEW G ESQ ONE NORTH CLEMATIS ST #500 WEST PALM BEACH, FL 33401
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
200054916572	
05/20/05--01038--026	**205.00
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	DATE
MATTHEW G SCHINDEL, ESQ	4/29/05

FILE NOW!!! FEE IS \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ECAIRA, TIMOTHY 821 N VICTORIA PARK RD #7 FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAIFA, SAM 821 N VICTORIA PARK RD #7 FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHIRA, TIMOTHY P.O. BOX 4394 FORT LAUDERDALE FL 33338 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAITA, SAM P.O. BOX 4394 FORT LAUDERDALE FL 33338 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: <u>[Signature]</u>	4/29/05	954-663-3399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		