

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

05 JAN 10 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MSB



12012004 REIN-LLC CR2E101 (6/04) 1/10

DOCUMENT # L03000026220	
1. Entity Name BOGEY GRILLE OF FLORIDA, LLC	



Principal Place of Business 13962 IBIS POINT BOULEVARD JACKSONVILLE, FL 32224	Mailing Address 13962 IBIS POINT BOULEVARD JACKSONVILLE, FL 32224
---	---

2. Principal Place of Business 1024 Hanover Lane	3. Mailing Address 1024 Hanover Lane
---	---

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State St. Augustine, FL	City & State St. Augustine, FL
-----------------------------------	-----------------------------------

Zip 32095	Country USA	Zip 32095	Country USA
--------------	----------------	--------------	----------------

4. FEI Number 71-0951602	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, SHIRLEY 4595 LEXINGTON AVENUE JACKSONVILLE, FL 32210	
City	
FL	
Zip Code	

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 <i>Shirley Moore</i>	(NOTE: Registered Agent signature required when reinstating)	DATE 1-3-05
--------------------------------	--	-------------

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00	Make check payable to Florida Department of State
--	--

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Frank McComas 209 Plantation Circle Ponte Vedra Beach, FL 32082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Derek Prince 1024 Hanover Lane St. Augustine, FL 32095	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Brian Schonover 13962 Ibis Point Boulevard Jacksonville, FL 32224	<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"/> 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	000043535200 12/20/04--01054--022 ***300.00	<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

REINSTATEMENT 2004

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: <i>Derek Prince</i>	Derek Prince, Manager	December 13, 2004	(904) 563-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #