2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
May 02, 2006
Secretary of State

DOCUMENT# L04000055773

Entity Name: YANO'S RESTAURANT GROUP, LLC

Current Principal Place of Business:

255 EVERNIA STREET, APT. 407
WEST PALM BEACH, FL 33401

New Principal Place of Business:

2360 WELLINGTON GREEN DRIVE
APT #209
WELLINGTON, FL 33414

Current Mailing Address:

255 EVERNIA STREET, APT. 407
WEST PALM BEACH, FL 33401

New Mailing Address:

2360 WELLINGTON GREEN DRIVE
APT #209
WELLINGTON, FL 33414

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ERDOS, STEPHANIE
255 EVERNIA STREET, APT. 407
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

ERDOS, STEPHANIE
2360 WELLINGTON GREEN DRIVE
APT # 209
WELLINGTON, FL 33414 US

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: STEPHANIE ERDOS 05/02/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MS. ( ) Change (X) Addition
Name: ERDOS, STEPHANIE
Address: 2360 WELLINGTON GREEN DRIVE #209
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEPHANIE ERDOS MS. 05/02/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date