

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000093204

FILED  
Oct 06, 2007  
Secretary of State

Entity Name: KNOWFAT! LIFESTYLE GRILLE SWF, L.L.C.

**Current Principal Place of Business:**

6707 CROWNDDED EAGLE LANE  
NAPLES, FL 34113

**New Principal Place of Business:**

1201 PIPER BLVD  
11  
NAPLES, FL 34110

**Current Mailing Address:**

6707 CROWNDDED EAGLE LANE  
NAPLES, FL 34113

**New Mailing Address:**

1201 PIPER BLVD  
11  
NAPLES, FL 34110

FEI Number: 20-5566018      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

MESSINA, MARK JOSEPH  
6707 CROWNDDED EAGLE LANE  
NAPLES, FL 34113 US

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

MESSINA, MARK JOSEPH  
1201 PIPER BLVD  
11  
NAPLES, FL 34110 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: MARK JOSEPH MESSINA

10/06/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MESSINA, MARK JOSEPH  
Address: 6707 CROWNDDED EAGLE LANE  
City-St-Zip: NAPLES, FL 34113

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MESSINA, MARK JOSEPH  
Address: 1201 PIPER BLVD #11  
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify 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: MARK JOSEPH MESSINA

MGRM

10/06/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date