

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000002531

Entity Name: ZA ZA OF NAPLES, LLC

FILED
Dec 09, 2009
Secretary of State

Current Principal Place of Business:

5851 CHARLTON WAY
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

2630 8TH ST., N.W.
NAPLES, FL 34120

New Mailing Address:

FEI Number: 20-8176003 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:

KORN, P.L.
5811 PELICAN BAY BLVD.
SUITE 209
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

KORN, TYLER B ESQ
5150 TAMiami TRAIL N
SUITE 302
NAPLES, FL 34103 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: TYLER B KORN ESQ

12/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BLAZING FOODS, LLC
Address: 5851 CHARLTON WAY
City-St-Zip: NAPLES, FL 34119

Title: CEO (X) Delete
Name: DI MAGGIO, JOE
Address: 5841 CHARLTON WAY
City-St-Zip: NAPLES, FL 34119

Title: PD (X) Delete
Name: DI MAGGIO, JOE
Address: 5841 CHARLTON WAY
City-St-Zip: NAPLES, FL 34119

Title: CFO (X) Delete
Name: HOUSTON, CAROL
Address: 2630 8TH STREET NW
City-St-Zip: NAPLES, FL 34119

Title: SD (X) Delete
Name: HOUSTON, CAROL
Address: 2630 8TH STREET NW
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DIMAGGIO, JOE
Address: 5851 CHARLTON WAY
City-St-Zip: NAPLES, FL 34119

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOE DIMAGGIO/TBK

MGR

12/09/2009

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