

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000061106

**Entity Name:** SMOKEY BONES, LLC

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

8529 SOUTHPARK CIR  
SUITE 250  
ORLANDO, FL 32819

**New Principal Place of Business:**

8529 SOUTHPARK CIR  
SUITE 410  
ORLANDO, FL 32819

**Current Mailing Address:**

8529 SOUTHPARK CIR  
SUITE 250  
ORLANDO, FL 32819

**New Mailing Address:**

8529 SOUTHPARK CIR  
SUITE 410  
ORLANDO, FL 32819

**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:**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: BRUCE HAWKINS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO  
Name: BARBEQUE INTEGRATED, INC.  
Address: 8529 SOUTHPARK CIR., SUITE 250  
City-St-Zip: ORLANDO, FL 32819

I hereby 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: BRUCE HAWKINS

CFO

02/17/2010

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