

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # L54212**

1. Entity Name  
ELMO'S GRILL, INCORPORATED



Principal Place of Business  
ELMO'S GRILL  
W HWY 30A  
SANTA ROSA BEACH, FL 32459 US

Mailing Address  
P O BOX 5226  
DESTIN, FL 32540

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10142005

REIN-P

CR2E098 (6/04)

4. FEI Number  
59-2999215

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODS, ELLIS D  
846 KELLAIRE DR  
DESTIN, FL 32541

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2006, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME PTD WOODS, ELLIS DURHAM ☐ Delete  
STREET ADDRESS P O BOX 5226 N/A  
CITY-ST-ZIP DESTIN, FL

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 800061221078  
CITY-ST-ZIP 11/07/05--01064--012 \*\*\*750.00

TITLE NAME S WOODS, LAURA J. ☐ Delete  
STREET ADDRESS P O BOX 5226 N/A  
CITY-ST-ZIP DESTIN, FL

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ellis Woods* ELLIS Woods

11/3/5

837-6468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

FILED

05 NOV -7 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

