

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L95000000677

**FILED**  
**Nov 01, 2006**  
**Secretary of State**

**Entity Name:** KGC RESTAURANT, L.C.

**Current Principal Place of Business:**

3189 S. JOHN YOUNG PARKWAY  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 352106  
MIAMI, FL 33135

**New Mailing Address:**

**FEI Number:** 65-0614876      **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:**

GEVERS, JOHN C  
1633 E. VINE STREET  
116  
KISSIMMEE, FL 34744 US

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

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: JOHN C. GEVERS

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GEVERS, JOHN C  
Address: 1633 E. VINE STREET, SUITE 116  
City-St-Zip: KISSIMMEE, FL 34744

Title: MGRM ( ) Delete  
Name: CURIEL, LUISA O  
Address: 2790 NW 4TH ST.  
City-St-Zip: MIAMI, FL 33125

Title: MGRM ( ) Delete  
Name: FEINSTEIN, SHERRI  
Address: 290 NW 165 STREET, PENTHOUSE 4  
City-St-Zip: MIAMI, FL 33169

**ADDITIONS/CHANGES:**

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 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: JOHN C. GEVERS

MGRM

11/01/2006

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