
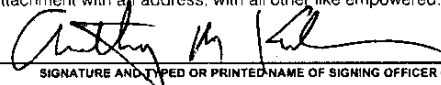


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # L97902</b> 1. Entity Name <b>TONY'S AIRSIDE RESTAURANT, INC.</b>						<b>FILED</b> <b>06 JAN 24 AM 11:06</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>3900 EMERSON DRIVE STE. 201 LAKELAND, FL 33811</b>				Mailing Address <b>3900 EMERSON DRIVE STE. 201 LAKELAND, FL 33811</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>KERCHNER, ANTHONY M 3900 EMERSON DRIVE STE. 201 LAKELAND, FL 33811</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$900.00</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KERCHNER, ANTHONY M. 3900 EMERSON DRIVE, STE. 201 LAKELAND, FL 33811			TITLE NAME STREET ADDRESS CITY-ST-ZIP	200065576882 02/10/06--01042--007 ***900.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KERCHNER, JEANNA L 3700 DON EMERSON DR., STE. 201 LAKELAND, FL 33811			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Kerchner, Jenna L. 3900 Emerson Dr., Ste 201 Lakeland, FL 33811		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>							
<b>SIGNATURE:</b> 				1-16-06 863644-8684			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			