2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 25 AM 8:32

DOCUMENT # M04000003257

1. Entity Name
KINGFISH GRILL, LLC

Principal Place of Business
~~130 WENTWORTH ROAD~~
~~RYE, NH 03870~~

Mailing Address
~~130 WENTWORTH ROAD~~
~~RYE, NH 03870~~

09282007 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #
252 Yacht Club Dr.
Suite, Apt. #, etc.
City & State: St. Augustine, FL
Zip: 32084 Country: USA

3. Mailing Address
24 Alehson St.
Suite, Apt. #, etc.
City & State: Rye, NH
Zip: 03870 Country: USA

4. FEI Number: 51-0006522 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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: Barbara A Burke — Barbara A. Burke, Special Assistant Secretary — 10/22/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2008, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR ☐ Delete
NAME	MACKEY, PAUL S
STREET ADDRESS	130 WENTWORTH ROAD
CITY-ST-ZIP	RYE, NH 03870
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	MGRM ☒ Change ☐ Addition
NAME	MACKEY, PAUL S
STREET ADDRESS	24 ALEHSON ST.
CITY-ST-ZIP	RYE, NH 03870
TITLE	MGRM ☐ Change ☒ Addition
NAME	MINCHER, ELIZABETH
STREET ADDRESS	3327 HARBOR DR.
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	☐ Change ☐ Addition
NAME	500110469145
STREET ADDRESS	10/09/07--01014--008 **150.00
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT 2007

11. 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 is true and accurate and that my 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: 10/2/07 603-433-5553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #