# 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 | Mailing Address |
|---|---|
| ~~130 WENTWORTH ROAD RYE, NH 03870~~ | ~~130 WENTWORTH ROAD RYE, NH 03870~~ |

09282007 REIN-LLC CR2E101 (1/07)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 252 Yacht Club Dr. | 24 Alehson St. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: St. Augustine, FL | City & State: Rye, NH |
| Zip: 32084 Country: USA | 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 | 7. Name and Address of New Registered Agent |
|---|---|
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 | | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>MACKEY, PAUL S<br>130 WENTWORTH ROAD<br>RYE, NH 03870 | ☐ Delete | MGRM<br>MACKEY, PAUL S<br>24 ALEHSON ST.<br>RYE, NH 03870 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | MGRM<br>MINCHER, ELIZABETH<br>3327 HARBOR DR.<br>ST. AUGUSTINE, FL 32084 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | SOD110469145<br>10/09/07--01014--008 **150.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | REINSTATEMENT 2007 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

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:** [signature] 10/2/07 603-433-5553

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