2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # PUZUUTU		& FIL	ED		
1. Entity Name DICK'S WINGS, INC. OF CALLAHAN				0 00 5 10	
			グ 05 NOV -	8 PM 5: 13	
Principal Place of Business	Mailing Address		SECRETALS	Y OF STATE	
HWY US 1 320 S. KINGS ROAD	4269 WINDY LANE		TALLAHASS	Y OL STATE EE, FLOADA	
CALLAHAN, FL 32046	HILLIARD, TE 32046				
2. Principal Place of Business	3. Mailing Address				
44095 Grean		Mendans		,00 13810 00110 13800 11101 18100 1101801 11 1808	
Suite, Apt. #, etc.		i	10212005 REIN-P	CR2E098 (6/04)	
City & State City & State			4. FEI Number	Applied For	
Zip Country	Zip	Country	13-4213621	Not Applicable	
Zip Country	32011	USA	5. Certificate of Status Desired	S8.75 Additional Fee Required	
6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New	Registered Agent	
HOWARD, ERIC II					
4269 WINDY LANE HILLIARD, FL 32046		Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
			-		
		City		FL Zip Code	
The above named entity submits this statement the obligations of registered agent.	of the purpose of changing its r	registered office or reg	istered agent, or both, in the State of F	orida. I am familiar with, and accept	
1 / 11	July July 1		10/0	alor	
SIGNATURE Signature, typed or printed name of registered age	nt and talle it applicable. (NOTE:	: Registered Agent signature		DATE	
FILE NOW!!! = FEE IS \$150.00					
After January 1, 2006, Fee will be \$300	.00		corporation did	with s. 607.193(2)(b), E.S., the	
10. OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 11	
HILE P	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME HOWARD, ERIC STREET ADDRESS HWY US 1 320 S. KINGS ROAI	D	NAME STREET ADDRESS			
CITY-ST-ZIP CALLAHAN, FL 32046		CITY-ST-ZIP	·		
THE V	☐ Delete	TITLE		☐ Change ☐ Addition	
		NAME: STREET ADDRESS	300061623063 11/22/0501041012 **150.00		
		CITY-SI-ZIP	11/22/0501041012 **150.00		
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS		NAME STREET ADDRESS			
CITY-ST-ZIP		CIIY-SI-ZIP			
TITLE	☐ Delete	TITLE		Change Addition	
NAME STREET ADDRESS	CREENSE /	NAME STREET ADDRESS		-	
CITY-ST-ZIP	CLARCIN [//	· CITY-ST-ZIP			
TITLE	☐ Deleje	HILE .		☐ Change ☐ Addition	
NAME		NAME		crossige required	
STREET ADDRESS		STREET ADDRESS			
CITY-S1-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE NAME		Change Addition	
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
 1 hereby certify that the information supplied wiindicated on this report or supplemental report of the corporation or the receiver or trustee error. 	ith this filing does not qualify for is true and accurate and that m	the exemption stated i y signature shall have	n Section 119.07(3)(i), Florida Statutes. the same legal effect as if made under	I further certify that the information oath; that I am an officer or director	
of the corporation or the receive or trustee em changed, or on an attachment with an address	powered to execute this report a , with all other like empowered.	as reduired by Chapter	607, Florida Statutes; and that my nan	ie appears in Block 10 or Block 11 if	
CICNATURE: >- //	- #	/PReS.	iolaela	- 924-296UR	
SIGNATURE: SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING OFFICER O	OR DIRECTOR	Date Date	Daytime Phonu #	
9E1ELIE EEEE			***************************************		