


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT #P03000029088</b> 1. Entity Name <b>J. &amp; M. SUBS GRILL INC.</b>						<b>FILED</b> <b>05 JUL 13 PM 4:02</b> SEC. OF STATE TALLAHASSEE, FL	
Principal Place of Business <b>6198 RODMAN STREET HOLLYWOOD, FL 33023-1839</b>				Mailing Address <b>6198 RODMAN STREET HOLLYWOOD, FL 33023-1839</b>			
2. Principal Place of Business <b>317 W ATLANTIC BLVD.</b>		3. Mailing Address <b>317 W ATLANTIC BLVD.</b>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State <b>Pompano Beach</b>		City & State <b>Pompano Beach</b>		4. FEI Number <b>42-1584258</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33060</b>		Country <b>FLORIDA</b>		Zip <b>33060</b>		Country <b>FLORIDA</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				07062005 REIN-P CR2E098 (6/04)			
6. Name and Address of Current Registered Agent  <b>GERMAN, JOSE A 6198 RODMAN STREET HOLLYWOOD, FL 33023-1839</b>				7. Name and Address of New Registered Agent Name <b>German, Jose</b> Street Address (P.O. Box Number is Not Acceptable) <b>317 W ATLANTIC BLVD.</b> City <b>Pompano Beach</b> <b>FL</b> Zip Code <b>33060</b>			
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 				DATE <b>06-7-05</b>			
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)				DATE			
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
DP <b>GERMAN, JOSE A</b> <input type="checkbox"/> Delete <b>6198 RODMAN STREET</b> <b>HOLLYWOOD, FL 330231839</b>				Change <input type="checkbox"/> Addition <input type="checkbox"/> <b>100057749961</b> <b>07/21/05--01053--002 **300.00</b>			
DST <b>GERMAN, MARIA</b> <input type="checkbox"/> Delete <b>6198 RODMAN STREET</b> <b>HOLLYWOOD, FL 330231839</b>				Change <input type="checkbox"/> Addition <input type="checkbox"/> <b>04-05</b>			
<input type="checkbox"/> Delete				Change <input type="checkbox"/> Addition <input type="checkbox"/>			
<input type="checkbox"/> Delete				Change <input type="checkbox"/> Addition <input type="checkbox"/>			
<input type="checkbox"/> Delete				Change <input type="checkbox"/> Addition <input type="checkbox"/>			
<input type="checkbox"/> Delete				Change <input type="checkbox"/> Addition <input type="checkbox"/>			
<input type="checkbox"/> Delete				Change <input type="checkbox"/> Addition <input type="checkbox"/>			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.							
SIGNATURE: 				DATE <b>06-07-05</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			