

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000017562 1. Entity Name THE BETHEL FAMILY RESTAURANT, INC.						FILED 08 MAY -6 PM 1:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 435 WEST TENNESSEE STREET TALLAHASSEE, FL 32301				Mailing Address 435 WEST TENNESSEE STREET TALLAHASSEE, FL 32301			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				 05012008 GREEN, P. L. 31 OR 2E 098 (1/07) 07-08 4. FEI Number 62-1631358 Applied For: <input checked="" type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip			
6. Name and Address of Current Registered Agent GREEN, JAMES 8437 MONTE LANE TALLAHASSEE, FL 32316						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 <u>JAMES GREEN</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>5/1/08</u>							
FILE NOW!!! FEE IS \$300.00						In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREEN, JAMES 8437 MONTE LANE TALLAHASSEE, FL 32316 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500128566345 05/06/08--01007--014 **300.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEWIS, JERRY ESQ 3633 OXHILL COURT TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEMBROKE, JACKIE 111 REECE PARK LANE TALLAHASSEE, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.							
SIGNATURE: JAMES GREEN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				5/1/08 Date		(850)222-8440 Daytime Phone #	