

# 2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000029253

FILED  
Aug 28, 2012  
Secretary of State

**Entity Name:** RIPPER'S RESTAURANT, INC.

**Current Principal Place of Business:**

4207 SW MARTIN HWY.  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

4207 SW MARTIN HWY.  
PALM CITY, FL 34990

**New Mailing Address:**

FEI Number: 41-2128934

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

RIPPER, DONNA  
5819 SW GROVE ST.  
PALM CITY, FL 34990 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: DONNA RIPPER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RIPPER, DONNA  
Address: 5819 SW GROVE ST.  
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DONNA RIPPER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

08/28/2012

\_\_\_\_\_  
Date