


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 MAY 11 AM 7:59

STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P04000090786</b>	
1. Entity Name <b>GREAT DINING, INC.</b>	

Principal Place of Business <b>8 BELLEVIEW BLVD #606 BELLEAIR, FL 33756</b>	Mailing Address <b>8 BELLEVIEW BLVD #606 BELLEAIR, FL 33756</b>
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2. Principal Place of Business - No P.O. Box # <b>102 Stratford Corners</b>	3. Mailing Address <b>102 Stratford Corners</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Thomasville, GA</b>	City & State <b>Thomasville, GA</b>
Zip <b>31792</b>	Zip <b>31792</b>
Country <b>Thomas</b>	Country <b>Thomas</b>



**REINSTATEMENT 06-07**

4. FEI Number <b>20-1239467</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>FLYNN, SCOTT T 8 BELLEVIEW BLVD #606 BELLEAIR, FL 33756</b>	
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7. Name and Address of New Registered Agent <b>Dennis Thomas, CPA 8200 - 113th Street North Suite 103 Seminole, FL 33772</b>	
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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: *Dennis Thomas, C.P.A.*  
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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLYNN, SCOTT T 8 BELLEVIEW BLVD #606 BELLEAIR, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	FLYNN, SCOTT T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 102 Stratford Corners Thomasville, GA 31792
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 <b>600103279006</b> <b>05/25/07--01012--007 **300.00</b>
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
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: *[Signature]* **4-25-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #