

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000113403

Entity Name: LOOE KEY TIKI RESTAURANT, INC.

FILED
Oct 18, 2006
Secretary of State

Current Principal Place of Business:

MM 27.5 U.S. 1
RAMROD KEY, FL 33042

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 509
SUMMERLAND KEY, FL 33042

New Mailing Address:

P. O. BOX 4333
KEY WEST, FL 33041

FEI Number: 20-1453008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLENN, JOSEPH P
MM 27.5 U.S. 1
RAMROD KEY, FL 33042 US

Name and Address of New Registered Agent:

GLENN, JOSEPH P
1208 PINE ST.
KEY WEST, FL 33041 US

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: JOSEPH P. GLENN

10/18/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: GLENN, JOSEPH P
Address: PO BOX 509
City-St-Zip: SUMMERLAND KEY, FL 33042 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GLENN, JOSEPH P
Address: PO BOX 4333
City-St-Zip: KEY WEST, FL 33041 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH P. GLENN

PRES

10/18/2006

Electronic Signature of Signing Officer or Director

Date