

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000142403

Entity Name: RISING SUN CAFE, INC.

FILED  
Oct 05, 2006  
Secretary of State

## Current Principal Place of Business:

10 MAIN ST.  
BROOKSVILLE, FL 34601

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 12403  
BROOKSVILLE, FL 34603

## New Mailing Address:

10 SOUTH MAIN ST.  
BROOKSVILLE, FL 34601

FEI Number: 20-2126132

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOHNSON, LISA M  
942 CEDAR DR  
BROOKSVILLE, FL 34601 US

## Name and Address of New Registered Agent:

JOHNSON, LISA M  
817 BUENA VISTA  
BROOKSVILLE, FL 34601 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: LISA M JOHNSON

10/05/2006

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: P ( ) Delete  
Name: JOHNSON, LISA M  
Address: PO BOX 12403  
City-St-Zip: BROOKSVILLE, FL 34603

Title: VP ( ) Delete  
Name: RICE, SALLIE L  
Address: PO BOX 15802  
City-St-Zip: BROOKSVILLE, FL 34604

Title: SEC ( ) Delete  
Name: JOHNSON, LISA M  
Address: PO BOX 12403  
City-St-Zip: BROOKSVILLE, FL 34603

Title: TRES ( ) Delete  
Name: RICE, SALLIE L  
Address: PO BOX 15802  
City-St-Zip: BROOKSVILLE, FL 34604

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LISA M JOHNSON

P

10/05/2006

Electronic Signature of Signing Officer or Director

Date