

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000165925

1. Entity Name
WILLY J'S LOG CABIN BBQ, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY -5 PM 1:31

Principal Place of Business
1832 SETON DR.
CLEARWATER, FL 33763 US

Mailing Address
POB 1745
SAFETY HARBOR, FL 34695 US

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
1832 SETON DR.
Suite, Apt. #, etc.

City & State
CLEARWATER FL

Zip Country
33763 USA

04292009 REIN-P CR2E098 (1/07)

4. FEI Number
20-1982231

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JENNINGS, THOMAS C III
703 COURT ST
CLEARWATER, FL 33756

7. Name and Address of New Registered Agent
Name
JONAS O. BRUMETT
Street Address (P.O. Box Number is Not Acceptable)
1832 SETON DR.
City
CLEARWATER FL Zip Code
33763

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 *Jonas O. Brumett* JONAS O. BRUMETT 4-30-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

THE MAILING ADDRESS #3 WAS
RELINQUISHED YRS. AGO. I THOUGHT
NEW ADDRESS WAS CHANGED WITH STATE.

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	PSTD BRUMETT, JONAS O 1832 SETON DR. CLEARWATER, FL 33763	<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	100155467071 05/05/09--01041--022 **300.00	<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	B 5/11/09 08-09	<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	REINSTATEMENT	<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: *Jonas O. Brumett* 4-30-09 727-479-8092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #