

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000078612

1. Entity Name
BROOMA GRILLE INC



FILED

06 OCT 23 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2748 CAPITAL CIR NE #100
TALLAHASSEE, FL 32308

Mailing Address
2748 CAPITAL CIR NE #100
TALLAHASSEE, FL 32308

2. Principal Place of Business

2743 Capital Circle NE #100

Suite, Apt. #, etc.

Tallahassee, Fla.

City & State

Zip
32308

Country
USA

3. Mailing Address

2743 Capital Circle N.E.

Suite, Apt. #, etc.

#100

City & State

Tallahassee, Fla.

Zip
32308

Country
USA

10232006

REIN-P

CR2E098 (11/05)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACK, SANDRA
2865 ALEXIS LN
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PO
MACK, SANDRA
P.O. BOX 3427
TALLAHASSEE, FL 32315

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500081630035
11/08/06--01032--007 ***300.00

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #