

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000078612

1. Corporation Name

BROOMA GRILLE INC

2. Principal Office Address - No P.O. Box #

2748 CAPITAL CIR NE #100

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL 32308

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/01/05

5. FEI Number  
59-3807895

☐ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (6/10)

000182116800  
06/16/10--01001--006 \*\*300.00

**FILED**

10 JUN 15 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent

Name

SANDRA MACK

Street Address (P.O. Box Number is Not Acceptable)  
2748 CAPITAL CIR NE, #100

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32308

**REINSTATEMENT**

0710

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date

6/15/10

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	SANDRA MACK	2748 CAPITAL CIR NE, #100	TALLAHASSEE, FL 32308

10. E-mail Address:

brooma.grille@demburgmiller.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid, I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/15/10

Daytime Phone #