

2011 FOR PROFIT CORPORATION REINSTATEMENT

FILED

11 DEC 29 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P05000078612
1. Entity Name
BROOMA GRILLE INC

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 - No P.O. Box #
2743 Capital Cir

3. Mailing Address

Suite, Apt. #, etc.
NE #100

Suite, Apt. #, etc.

City & State
Tallahassee, FL 32308

City & State

Zip Country

Zip Country

12292011 REIN-P CR2E098 (1/07)

4. FEI Number
59-3807895

Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent

**MACK, SANDRA
2748 CAPITAL CIR NE #100
TALLAHASSEE, FL 32308**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)
2743 Capital Cir

NE #100

City **Tallahassee**, State **FL** Zip Code **32308**

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]* *[Signature]* **12/28/11**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2012, Fee will be \$900.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACK, SANDRA 2748 CAPITAL CIR NE #100 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2743 Capital Cir #100 N.E. Tall FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 788215656877 12/30/11--01001--014 <input type="checkbox"/> Change <input type="checkbox"/> Addition 2011 RH
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"/> 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: *[Signature]* **12/28/11** **850 386 3850**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Duplicates Provided