## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000112714

Entity Name: MAMA NEM'S RESTURANT, INC

FILED Oct 11, 2006 Secretary of State

Littly Na	IIIE. IVIAIVIA IV	LIVIS RESTORANT, INC.			
Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
SUITE 106	H KIRKMAN F ) ), FL 32811	ROAD			
Current Mailing Address:			New Mailing Address:		
SUITE 106	H KIRKMAN F ) ), FL 32811	ROAD			
FEI Number	: 20-3297121	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
<b>654 PUTN</b>	ON AND ASSO AM AVENUE ), FL 32801	OCIATES, P.A. US			
The above in the State	named entity of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE: VERONI	CA ANDERSON			
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MCKNIGHT, JO	RKMAN ROAD, SUITE 106	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MCKNIGHT, JO	RKMAN ROAD, SUITE 106	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MCKNIGHT, JO	RKMAN ROAD, SUITE 106	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	TREA (	) Delete DNATHAN	Title:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JONATHAN MCKNIGHT PRES 10/11/2006

801 SOUTH KIRKMAN ROAD, SUITE 106

ORLANDO, FL 32811

Address:

City-St-Zip: