## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000146730

Entity Name: PROFESSIONAL DINING CONSULTING GROUP, INC

FILED Dec 10, 2008 Secretary of State

| Current Principal Place of Business:  |  |   | New Principal Place                         | New Principal Place of Business:             |  |
|---|--|---|---|--|--|
|   | A VISTA AVE<br>), FL 32810                             |   |   |  |  |
| Current Mailing Address:  |  |   | New Mailing Address                         | New Mailing Address:                         |  |
|   | A VISTA AVE<br>), FL 32810                             |   |   |  |  |
| FEI Number:   | : 20-3722337   | FEI Number Applied For ( )  | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: |  |   |   |  |  |
|   | ANGEL F<br>A VISTA AVE<br>), FL 32810                  | US  |   |  |  |
|   | named entity see of Florida.                           | submits this statement for the  | purpose of changing its registere           | d office or registered agent, or both,       |  |
| SIGNATUR  | RE: ANGEL P  | EREIRA  |   |  |  |
|   | Electron   | ic Signature of Registered Ag   | ent   | Date   |  |
|   |  | 3(2)(b), F.S., the corporation did n<br>g Trust Fund Contribution (  ). | ot receive the prior notice.                |  |  |
| OFFICERS AND DIRECTORS:   |  |   | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | P ( )<br>PEREIRA, ANG<br>8638 ROSA VIS<br>ORLANDO, FL  | STA AVE   | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | VP ( )<br>PEREIRA, NOR<br>8638 ROSA VIS<br>ORLANDO, FL | STA AVE   | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: ANGEL PEREIRA P 12/10/2008