

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000146927

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Entity Name:** LE BON GOUT CARIBBEAN RESTAURANT, INC.

**Current Principal Place of Business:**

2306 NORTH DIXIE HWY  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

2306 NORTH DIXIE HWY  
HOLLYWOOD, FL 33020

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

TIMOTHEE, VISITA  
2326 MCKINLEY ST #1  
HOLLYWOOD, FL 33020      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: TIMOTHEE VISITA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: TIMOTHEE, VISITA  
Address: 2326 MCKINLEY ST #1  
City-St-Zip: HOLLYWOOD, FL 33020

Title: DVPS  
Name: FILIAS, ULRICK  
Address: 2326 MCKINLEY ST #1  
City-St-Zip: HOLLYWOOD, FL 33020

Title: DT  
Name: CORIOLAN, MIMOSE S  
Address: 2621 OLEANER BLVD  
City-St-Zip: FORT PIERCE, FL 34982

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHEE VISITA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

02/24/2011

\_\_\_\_\_  
Date