

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000062363

Entity Name: SHIRLEY'S GRILL, INC.

**FILED**  
**May 07, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

8048 LAKEPOINTE DRIVE  
PLANTATION, FL 33322

**New Principal Place of Business:**

241 NW 151ST AVE  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

8048 LAKEPOINTE DRIVE  
PLANTATION, FL 33322

**New Mailing Address:**

241 NW 151ST AVE  
PEMBROKE PINES, FL 33028

FEI Number: 26-0237498

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SAS ASSOCIATES, LLC  
4801 SOUTH UNIVERSITY DRIVE  
116  
DAVIE, FL 33328 US

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

KIM MARKS CPA  
2136 NE 123RD ST  
NORTH MIAMI, FL 33181 US

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: KIM MARKS CPA

05/07/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: MONTEIRO, WILLIAM  
Address: 610 N. UNIVERSITY DRIVE  
City-St-Zip: PEMBROKE PINES, FL 33024

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PS (X) Change ( ) Addition  
Name: MONTEIRO, CHARLENE  
Address: 241 NW 151ST AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

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: CHARLENE MONTEIRO

P

05/07/2009

Electronic Signature of Signing Officer or Director

Date