2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000076504

FILED Mar 05, 2009 Secretary of State

Entity Name: JERRY'S CASUAL PATIO OF WEST PALM BEACH, INC.

Current Principal Place of Business: New Principal Place of Business:

3974 OKEECHOBEE BLVD 2040 INDIAN ROAD

WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33409 US LIS

Current Mailing Address: New Mailing Address:

3974 OKEECHOBEE BLVD 16159 77TH LANE N

WEST PALM BEACH, FL 33409 US LOXAHATCHEE, FL 33470 US

FEI Number: 26-0462571 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

RINE, JAMES RINE, JAMES

3974 OKEECHOBEE BLVD. 16159 77TH LANE N

WEST PALM BEACH, FL 33409 US LOXAHATCHEE, FL 33470 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: JAMES RINE 03/05/2009

> 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

RINE, JAMES Name: Name: RINE, JAMES 3974 OKEECHOBEE BLVD. 16159 77TH LANE N Address: Address:

City-St-Zip: WEST PALM BEACH, FL 33409 US City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: VΡ (X) Delete Title: () Change () Addition

BANNON, FRANK Name: Name: 3974 OKEECHOBEE BLVD. Address: Address: WEST PALM BEACH, FL 33409 US City-St-Zip: City-St-Zip:

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: JAMES RINE **PST** 03/05/2009