

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

14 OCT 31 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P10000035958

1. Entity Name  
PRECINCT RESTAURANT, INC.



Principal Place of Business  
421 WILSON AVENUE  
TALLAHASSEE, FL 32303 US

Mailing Address  
421 WILSON AVENUE  
TALLAHASSEE, FL 32303 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10312014 REIN-P CR2E098 (12/11)

4. FEI Number  
27-2502107

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, CHRISTOPHER R  
421 WILSON AVENUE  
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name  
AN LAMIER S. BEE  
Street Address (P.O. Box Number is Not Acceptable)  
3920 CRANE PA.  
City  
TALLAHASSEE FL Zip Code  
32309

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00  
After January 1, 2015, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
CLARK, CHRISTOPHER R  
421 WILSON AVENUE  
TALLAHASSEE, FL 32303 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
100266053851  
10/31/14--01026--002 \*\*750.00

TITLE  
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CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

DATE

10/31/14 AN LAMIER S BEE@Comcast.net

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

E-MAIL ADDRESS