## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P94000014075

City-St-Zip:

CALLAHAN, FL 32011

FILED Mar 31, 2005 Secretary of State

Entity Nar	ne: TINA'S FA	AMILY RESTAURANT, INC.			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
109 1ST A' CALLAHAI	VE WEST N, FL 32011	US	542967 U.S. HIGHWAY 1 CALLAHAN, FL 32011	US	
Current M	ailing Addres	ss:	New Mailing Address:	New Mailing Address:	
P.O. BOX CALLAHAI	1332 N, FL 32011	US	542967 U.S. HIGHWAY 1 CALLAHAN, FL 32011	US	
FEI Number:	59-3233509	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and Address of N	Name and Address of New Registered Agent:	
109 1ST Á	OLETHA C VE WEST N, FL 32011	US	KALEEL, KENNETH M 2255 DUNN AVENUE 601 JACKSONVILLE, FL 322	18 US	
	named entity s e of Florida.	submits this statement for the pu	rpose of changing its registered o	ffice or registered agent, or both,	
SIGNATURE: KENNETH M. KALEEL				03/31/2005	
	Electron	ic Signature of Registered Ager	nt	Date	
		3(2)(b), F.S., the corporation did not grows Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () TRIBBITT, OLE P O BOX 1332 CALLAHAN, FL	N/A	Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DV () MCCULLOUGH P O BOX 986 N CALLAHAN, FL	i/A	Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name: Address:	DS () CLARK, BARBA 2920 LEE DR	Delete ARA	Title: ( ) Name: Address:	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: OLETHA C. TRIBBITT Ρ 03/31/2005