2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P94000084677

City-St-Zip:

FORT MYERS, FL 33907

Entity Name: L & S RESTAURANT CONCEPTS, INC.

FILED Oct 12, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
1751 EVAI MELBOUR	NS ROAD RNE, FL 32904	US	12995 S. CLEVELAND / SUITE 39 FORT MYERS, FL 3390		
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
1751 EVAI MELBOUR	NS ROAD RNE, FL 32904	US	12995 S. CLEVELAND / SUITE #39 FORT MYERS, FL 3390		
FEI Number:	: 39-1769406	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of	New Registered Agent:	
	LEN J ERSIDE DRIVE ARBOUR BEAC	CH, FL 32937 US			
	named entity s of Florida.	ubmits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE: LENJLEN	MMER			
	Electroni	c Signature of Registered Age	ent	Date	
Election Car	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LEMMER, LEN J 206 WATERSID		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () SUICK, TIM W7508 HWY 64 ANTIGO, WI 54		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	LEMMER, DEBC 206WATERSIDE		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	D () MAGANA, FRED 13161 ADMIRAL		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: LEN J LEMMER D 10/12/2005