

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000077951

FILED
Mar 01, 2005
Secretary of State

Entity Name: RESTAURANT STRATEGIES, INC.

Current Principal Place of Business:

6745 NW 169 STREET
UNIT H
HIALEAH, FL 33015 US

New Principal Place of Business:

9925 SWEETLEAF ST
ORLANDO, FL 32827 US

Current Mailing Address:

6745 NW 169 STREET
UNIT H
HIALEAH, FL 33015 US

New Mailing Address:

9925 SWEETLEAF ST
ORLANDO, FL 32827 US

FEI Number: 65-0696242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIMAN, CRAIG
926 SW 10TH AVENUE
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

LIMAN, CRAIG
9925 SWEETLEAF ST
ORLANDO, FL 32827 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: CRAIG LIMAN

03/01/2005

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: PSD () Delete
Name: LIMAN, CRAIG
Address: 926 SW 10TH AVENUE
City-St-Zip: MIAMI, FL 33130

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: LIMAN, CRAIG
Address: 9925 SWEETLEAF ST
City-St-Zip: ORLANDO, FL 32827

Title: SEC () Change (X) Addition
Name: LIMAN, ELIANNE
Address: 9925 SWEETLEAF ST
City-St-Zip: ORLANDO, FL 32827

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.

SIGNATURE: CRAIG LIMAN

PSD

03/01/2005

Electronic Signature of Signing Officer or Director

Date