2006 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUM	MENT	#P99000000	1		FILED					
1. Entity Name	В			ĺ		[06 44	ΎЭE	AM IO:	
GREY WO	OLF OF V	OLUSIA COUNTY	, INC.	}			00 114	11 25	AM IU:	4 [
						<u> </u>	SECKE	Lance.	a NIAT	TE.
Principal Place	e of Business	3	Mailing Address			{	SECKE TALLAH	IASSEE	FLORI	ĎΑ
ROCKY & JD'S			ROCKY & JD'S TAVERN			,			, , , , , , , , ,	- -
3411 US HWY 1 EDGEWATER, FL 32141			3411 US HWY 1 EDGEWATER, FL 32141			}				
LDOCHATER,	- JZ141			· 		1 (30)(30) (10)			9 119 141 15	il ly iii i
2. Principal Pl	ace of Busin	ess	3. Mailing Address							88 / 8 8
Suite, Apt. #, etc.			Suite, Apt. #, etc.			Keins	TATE	AEL		06-17
Cata, 1, pt. 11, 5151						R REPRESENTATION	4441 CI	YEN	8 (1705)	
City & State			City & State			4. FEI Number	10		<u> </u>	plied FQt
Zip Country			Zip	lry	59-35481			\$8.75 Add	Applicable	
,						5. Certificate of status Desired		Fee Required		
	6. Name	and Address of Current I	egistered Agent Name			7. Name and Address of New Registered Agent				
ROCKAFELLOW, WAYNE					ivanie					
1740 JAME	ES ST				Street Address (P.O. Box Number is Not Acceptable)					
NEW SMYRNA BEACH, FL 32132				ı						
					City				Zip Code	
					<u> </u>			FL	<u> </u>	
	named entit ions of regist		the purpose of changing its	registere	ed office or registe	ered agent, or both.	n the State of Flo	rida, I am	lamiliar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FII	LE NOW!!	! FEE IS \$900.00								ļ
		OFFICERS AND	DIDECTOR			A PROTECTION OF THE	AUGEO TO GET	0550 445	DIRECTOR	50144
10.	D	OFFICERS AND	DIRECTORS Delete	11.		ADDITIONS/CH	ANGES TO OFFI	CEHS ANL	Change	Addition
NAME	ROCKAFELLOW, WAYNE				1				-	
STREET ADDRESS	ſ	MES STREET		•	ET ADDRESS	ຸດຢູ່!! ກຣ/19/ດັ)0761 601039-	<u>'= 4</u>	27	.00
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CITY-ST-ZIP				CITY	-ST-ZIP					
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CITY-ST-ZIP)				-ST-ZIP					}
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TITLE	 	. <u></u>	☐ Delete	TITL					☐ Change	Addition
NAME	1			NAM	1			4		
STREET ADDRESS CITY-ST-ZIP							K. Eckel	JUN	U I zuc	iti
12. I hereby	LCertify that th	ne information supplied with	this filing does not qualify for	t the ow	ampliana asstalas	d in Chanter 119 =	orida Statutos 1	further com	ify that the	formetics
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.										
SIGNAT	URF:	Ween X	sch 2th			أوم	10/06	221	-1,80-6	1476
. 5.5.471		SIGNATURE AND TYPED OR F	RINTED NAME OF SIGNING OFFICER	OR DIREC	TOR		Date	ياەر	Invierne Phone e	<u>' [[] </u>