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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email A	ddress;			

## COR AMND/RESTATE/CORRECT OR O/D RESIGN DONNA'S CARIBBEAN RESTAURANT, INC.

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PAGE 01/06

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11/30/2011 9:57:10 AM PACE 1/001

Fax Server

November 30, 2011

FLORIDA DEPARTMENT OF STATE

DONNA'S CARIBBEAN RESTAURANT, INC.

3294 N STATE RD 7 LAUDERHILL LAKES, FL 3331

SUBJECT: DONNA'S CARIBBEAN RESTAURANT, INC.

REF: P99000006271

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

If amending officers/directors, please list all officers/directors of the corporation above on page (2) as you now want the records to be.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

FAX Aud. #: B11000280230 Letter Number: 511A00026816

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ALLAMASSE, FLORIDA

Correction

Re-sending

11-30-19

Page 1 of 4

Signature of New Registered Agent, if changing

I hereby occupt the appointment as registered agent. I am familiar with and accept the obligations of the position.

New Repistered Agent's Siventure, if changing Registered Agent:

11/30/2011 03:37 3056339696

the record to	be Presse Indicate the fille(n), name as a ran index up to 6 officers/directors.	nd address for each o	ficer/director.	
Title(5)	<u>Nemt</u>	Adğ	TESS.	
1) DPT	KARLI GORDON	COR	NW 123RD AVR AL SPRINGS FL 33076	
2 <u>) VP</u>	<u>I:ARLVENSKI GORDON</u>	7365 LAU	NW 52ND COURT DERHILL FL 33313	
3)				
4)				
5)				_
6)		<del>-</del>		
MREMOVIN	G un officer and/or director, please lig	t the title(s) and name	of the officer/airsetor to be s	emoved:
Title(s)	Name	Titto(s)	Name	
1) <u>VP</u>	PERCIVAL GORDON	4)		<del></del>
2)		5)		
3)		6)		

Lamending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
<u> </u>	
,	

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provisions for imp	provides for an exchange, reclassification, or cancellation of issued shares, immended the aspendment if not contained in the amendment itself:
(if not applicable	le, indicate N/A)
·	
a data of each among	iment(s) adoption: NOVEMBER 23, 2011
o white of croff bottom	anient(s) acopiloss
formation allower for a constraint	Ale
fective dute if applica	(no more than 90 days after amendment file date)
option of Amendme	nt(s) (CHECK ONE)
	as/ware adopted by the shareholders. The number of votes cast for the amendment(s)
by the shareholders v	vas/were sufficient for approval,
The amendment(s) wa	as/were approved by the shareholders through voting groups. The following statement
must be separately p	rovided for each voting group antitled to vote separately on the amendment(s):
"The number of	votes cast for the amendment(s) was/were sufficient for approval
	•
ъу	(voting group)
	as/were adopted by the board of directors without shareholder action and shareholder
action was not require	
The amendment(s) w	as/were adopted by the incorporators without shareholder action and shareholder
action was not require	xt.
Dated	11/23/2011
Signat	(Ey a director, president or other officer - if directors or officers have not been
	selected, by an incorporator — if in the hands of a receiver, truster, or other court
	appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	61 Abort or bettines water at because as Been \$5.
	PRESIDENT
	(Title of person signing)

Page 4 of 4

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