

**2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# S13656

**FILED  
Jan 25, 2006  
Secretary of State**

**Entity Name:** RESTAURANT ADVENTURES, INC.

**Current Principal Place of Business:**

1016 EAST SEMORAN BLVD  
CASSELBERRY, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

1016 EAST SEMORAN BLVD  
CASSELBERRY, FL 32751

**New Mailing Address:**

**FEI Number:** 59-3038859      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALDERS, SUSAN  
105 OAKLEIGH DR  
MAITLAND, FL 32751      US

**Name and Address of New Registered Agent:**

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: SUSAN E ALDERS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PVST      ( ) Delete  
Name: ALDERS, BLAKE C  
Address: 105 OAKLEIGH DR  
City-St-Zip: MAITLAND, FL 32751

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: BLAKE C ALDERS

PRES

01/25/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date