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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Censia E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

**L02000011272**

APPROVED  
AND  
FILED

03 NOV 24 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000011272

Name and Mailing Address

0011059 01 AT 0.292 \*\*AUTO TO 0 0615 34242-100513

BONEFISH, L.L.C.

3513 FLAMINGO AVENUE

SARASOTA FL 34242-1005

REINSTATEMENT



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/06/2002	
Principal Place of Business 3513 FLAMINGO AVENUE SARASOTA FL 34242	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For Not Applicable
8. Name and Address of Current Registered Agent JOHNSON, ROBERT M ESQ 27 SOUTH ORANGE AVENUE SARASOTA FL 34236		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 607, F.S. Signature of Registered Agent <b>SIGNATURE REQUIRED</b> Date 11/21/03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	JOHNSON, ROBERT M	27 SOUTH ORANGE AVENUE	SARASOTA FL 34236
MGR	GOICHMAN, LARRY	3513 FLAMINGO AVENUE	SARASOTA FL 34242
			600024979196 11/24/03--01080--001 **150.00
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
Signature of Managing Member/Manager <b>SIGNATURE REQUIRED</b>		Date 11/19/03	Daytime Phone # 203-324-9495
Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)