# 40300000044

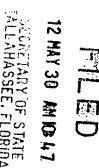
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	· · ·
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
·		

Office Use Only



500235180255

05/18/12--01027--012 \*\*52.50



D. BRUCE

MAY 31 2012

**EXAMINER** 



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 21, 2012

KAREN DAVIS OSI RESTAURANT PARTNERS, LLC 2202 N WEST SHORE BLVD., 5TH FLOOR TAMPA, FL 33607

SUBJECT: OUTBACK STEAKHOUSE-NYC, LTD.

Ref. Number: A03000000044

We have received your document for OUTBACK STEAKHOUSE-NYC, LTD. and your check(s) totaling \$52.50. However, the document has not been filed and is being retained in this office for the following:

The enclosed annual report or reinstatement application and fee(s) must be submitted before the Revocation of Articles of Dissolution can be processed. Please complete and return the enclosed annual report or reinstatement application and the appropriate fee(s) to the PERSONAL AND CONFIDENTIAL ATTENTION of the undersigned.

There is a balance due of \$900.00.

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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 912A00014828

### **COVER LETTER**

TO: Registration Section Division of Corporations	
	STEAKHOUSE-NYC, LTD.
Name of Florida Limited Par	tnership or Limited Liability Limited Partnership
The enclosed Certificate of Revocation of	of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concern	ning this matter to:
Karen Davis	
Contact Person	
OSI Restaurant Partners	s, LLC
Firm/Company	
2202 N West Shore Blvd., 5	5th Floor
Address	
Tampa, FL 33607	
City, State and Zip Code	
karendavis@outba	ck.com
E-mail address: (to be used for future annu	al report notification)
For further information concerning this r	matter, please call:
Karen Davis Name of Contact Person	at ( <u>813</u> ) 282-1225 x1393 3 2
Name of Contact Ferson	Area Code and Daytime Telephone Number
Enclosed is a check for the following am	ount:
\$52.50 Filing Fee and Certificate of Status	\$105.00 Filing Fee \$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building P. O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314

#### **CERTIFICATE OF** REVOCATION OF DISSOLUTION FOR

OUTBACK STEAKHOUSE-NYC, LTD.

Name of Florida Limited Partnership or Limited Liability Limited Partnership

Pursuant to the provisions of section 620.1812, Florida Statutes, this Florida limited partnership or limited liability limited partnership hereby submits this Certificate of Revocation of Dissolution.

FIRST: The effective date of the certificate of dissolution being revoked is:

05/01/2012	
<b>SECOND:</b> The revocation of dissolution was authorized in the same manner as t dissolution.	
THIRD: The revocation of dissolution was authorized on:	SSEE OF
05/14/2012	<u>-</u> S
FOURTH: Attached is a copy of the certificate of dissolution.	MAIE NOA
FIFTH: Effective date, if other than the date of filing:  (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Department of State.)  Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) of (4), F.S.	Florida
Joseph J. Kadow	
Authorized Representative of	
Outback Steakhouse of Florida, LLC, General Partner Filing Fee: \$52.50	
Certified Copy (optional): \$52.50	

## CERTIFICATE OF DISSOLUTION FOR

Outback Steakhouse-NYC. Ltd. (Name of Florida Limited Partnership or Limited Liability Limited Partnership)	-	
Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 1/8/2003, assigned Florida locument number_A03000000044, hereby submits this Certificate of Dissolution.		
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)		
No longer doing business	<del>-</del>	
	_	
	_	
	_	
SECOND: A Notice of Dissolution is attached.		
(Check box if attached.)		
THIRD: Effective date, if other than the date of filing:	₹ ₹	dangy
Effective date cannot be prior to nor more than 90 days after the date this document is filed by the foundation of State.)	AY 30	
signatures of each general partner or the person appointed pursuant to . 620.1803(3) or (4), F.S.	日田	
	<u></u>	
loseph J. Kadow	_	
authorized Representative of	-	
Outback Steakhouse of Florida, LLC, General Partner		
Filing Fee: \$52.50 Certified Copy (optional): \$52.50		
Certificate of Status (optional): \$8.75	MOISIAID	SECRE
<u> </u>	- Qf (	TAR TAR
2	Ç	3 2 2 3 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4