PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2018 AUG 28 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000003430

1. Corporation Name

CNL RESTAURANT CAPITAL GP CORP.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
901 Main Avenue		901 Main Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Norwalk, CT		Norwalk, CT	
Zip	Country	Zip	Country
06851	United States	06851	United States

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
6/16/2000

5. FEI Number
59-3650088
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City: PLANTATION | State: FL | Zip Code: 33324

700317788617

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] Date: 8/27/2018

REGISTERED AGENT MUST SIGN

CASSANDRA ANTOINETTE GRAY
SPECIAL ASSISTANT SECRETARY

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director	Ana Chadwick	901 Main Avenue	Norwalk, CT 06851
Pres.	Ana Chadwick	901 Main Avenue	Norwalk, CT 06851
VP/Sec	Anthony J. Iannini	901 Main Avenue	Norwalk, CT 06851
Treas.	Ryan Doherty	901 Main Avenue	Norwalk, CT 06851
			Y SULKER
			AUG 28 2018

10. **E-mail Address:** anthony.iannini@ge.com
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: [signature] AUGUST 27, 2018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ANTHONY J. IANNINI
VICE PRESIDENT / SECRETARY

203-840-5671

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724
850-508-1891 (cell)

Date: 8/28/2018

ACCT. I20160000072

Name:	CNL Restaurant Capital GP Corp.
Document #:	
Order #:	11128108

Certified Copy of Arts & Amend:				
Plain Copy:				
Certificate of Good Standing:				
Apostille/Notarial Certification:			Country of Destination:	
			Number of Certs:	

Filing: ☑	Certified: ☑
	Plain: ☐
	COGS: ☐

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: $ 908.75

Thank you!

RECEIVED
18 AUG 28 AM 11:30
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA