

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV 21 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L000000000096

1. Limited Liability Company's Name

Amalfi Ristorante, L.C.

2. Principal Office Address

1930 Ponce de Leon Boulevard

3. Mailing Office Address

2601 So. Bayshore Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1000

City & State

City & State

Coral Gables, FL

Miami, FL

Zip

Country

USA

Zip

33133

Country

USA

4. State/Country of Formation

Florida/ USA

**5. Date Organized or Qualified
To Do Business in Florida**

12/29/99

6. FEI Number 65-0975147

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$300 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Brent D. Klein, ~~Spencer & Klein~~

Street Address (P.O. Box Number is Not Acceptable)

801 Brickell Avenue

Suite, Apt. #, Etc.

#1901

City

Miami

State
FL

Zip Code

33131

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/30/00

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Capital Member Willy A. Bermello	2601 South Bayshore Dr, Ste 1000	Miami, FL 33133
MGRM	Capital Member Frank Amedia	2601 South Bayshore Dr, Ste 1000	Miami, FL 33133
MGM	Service Member Willy A. Bermello, JR.	2601 South Bayshore Dr, Ste 1000	Miami, FL 33133

11. 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

Date 10/30/00

Daytime Phone # 305 860 3724

Typed or printed name of signing Managing Member/Manager

Amalfi Ristorante

1930 Ponce de Leon Boulevard • Coral Gables, Florida 33134 • 305-444-3083

October 26, 2000

Via Certified Mail

No. 7000 0520 0016 3463 4621

Florida Department of State
Division of Corporations
Registration Section
Attn: Diane Cushing
409 E. Gain Street
Tallahassee, Florida 32399

BOOKKEEPER

DIANE GANEM

**RE: AMALFI RISTORANTE, L.C.
REINSTATEMENT**

Dear Ms. Cushing:

The 2000 annual report for the above reference limited corporation was originally filed on April 28th, which then was returned on May 30th for items missing. We resubmitted the document on June 19th certified with a return receipt. Confirmation of the mailing was received on June 27th; thereafter, we did not receive any other mailing until the 13th of October stating the company was dissolved for not responding to a 60-day notice.

As per our conversation of today, you stated there had been two other mailings sent out to us on June 22nd and July 3rd in which we never received. We are now enclosing the completed corporate reinstatement form and a check for \$50.00 as per your instructions.

We appreciate your assistance in clarifying this matter.

Sincerely,



DIANE GANEM
Bookkeeper

RECEIVED
OCT 27 2000
FLO. DEPT. OF STATE