

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L00000000655

1. Entity Name
NANDO'S RESTAURANT GROUP, LLC



SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 20 AM 11:03

Principal Place of Business
3208 FOREST HILL BLVD
WEST PALM BEACH, FL 33406

Mailing Address
3208 FOREST HILL BLVD
WEST PALM BEACH, FL 33406

2. Principal Place of Business
215 Seaspray Avenue

3. Mailing Address
215 Seaspray Avenue

02132006 REIN-LLC CR2E101 (11/05)

City & State
Palm Beach, FL

City & State
Palm Beach, FL

4. FEI Number
65-0976356

Applied For
Not Applicable

Zip Country
33480 U.S.A.

Zip Country
33480 U.S.A.

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATTERBURY, WILLIAM W III
321 ROYAL POINCIANA PLAZA, SOUTH
PALM BEACH, FL 33480

Name
William W. Atterbury III, Esq.

Street Address (P.O. Box Number is Not Acceptable)
340 Royal Poinciana Way

Suite 321

City Zip Code
Palm Beach FL 33480

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/14/06

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DIFILIPPO, RICHARD G
215 SEASPRAY AVE.
PALM BEACH, FL 33480 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
000067314260
03/07/06--01029--014 **100.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
05-06

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Richard G. DiFilippo

2/14/06

561-659-1770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #