

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 OCT 25 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

DOCUMENT # L00000001657

1. Limited Liability Company's Name

Jack's StormWatch Restaurant, LLC

REINSTATEMENT 2001

2. Principal Office Address

3853 Gulf Blvd.

Suite, Apt. #, etc.

City & State

St. Pete Bch., FL

Zip

33706

Country

USA

3. Mailing Office Address

3833 Gulf Blvd.

Suite, Apt. #, etc.

City & State

St. Pete Beach, FL

Zip

33706

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

2/11/00

6. FEI Number

59-3546413

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Dennis E. Manelli, Esquire c/o Phelps Dunbar LLP

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

100 North Tampa Street, Suite 3600

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33602

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

Dennis E. Manelli

Date

10/24/01

REGISTERED AGENT MUST SIGN

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
Mgr./ Mem.	Antonio Bueti	3833 Gulf Blvd.	St. Pete Bch., FL 33705
Mgr./ Mem.	Francesca Bueti	3833 Gulf Blvd.	St. Pete Bch., FL 33705

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 Antonio Bueti Date 10/24/01 Daytime Phone # 727-363-8543

Typed or printed name of signing Managing Member/Manager Antonio Bueti

CR2004 (9/00)