

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JUL 27 AM 10:56

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L00000002649

**1. Limited Liability Company's Name**

Collard Greens and Cornbread, LLC

**2. Principal Office Address**

339 Cherokee Drive

Suite, Apt. #, etc.

City & State

Orlando

Zip

FL

Country

32801

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. State/Country of Formation**

FL

**5. Date Organized or Qualified**

To Do Business in Florida 3/8/00

**6. FEI Number**

Applied For

☒ Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (8/05)

**8. Name and Address of Current Registered Agent**

Name

A.G.C. Co.

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

200 S. Orange Ave.

Suite, Apt. #, Etc.

Suite 2300

City

Orlando

State

FL

Zip Code

32801

100078470711

08/08/06--01032--023 \*\*400.00

**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.**

A.G.C. Co.

Signature of

Registered Agent

Date 7/25/06

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	Armando Payas	200 S. Orange Ave., Ste. 2300	Orlando, FL 32801

REINSTATEMENT 01-06

**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

*Armando Payas*

Date 7/25/06

Daytime Phone #

407-422-5742

Typed or printed name of signing Managing Member/Manager

Armando Payas