

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

**FILED**

01 OCT 18 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000003043

1. Limited Liability Company's Name

GRAND GRILL BAYWALK, LLC

2. Principal Office Address

196 2nd Ave N

Suite, Apt. #, etc.

Suite B200

City & State

St. Petersburg, FL

Zip

33701

Country

USA

3. Mailing Office Address

1726 E. 7th Ave

Suite, Apt. #, etc.

Suite 12

City & State

Tampa, FL

Zip

33605

Country

USA

**REINSTATEMENT 2001**

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

March 15, 2000

6. FEI Number

59-36-44-757

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

John Schall

500004653845-5

-10/25/01--01072--022

\*\*\*\*155.00 \*\*\*\*155.00

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

1726 E. 7th Ave

Suite, Apt. #, Etc.

Suite 12

City

Tampa

State  
FL

Zip Code

33605

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

*John Schall*

REGISTERED AGENT MUST SIGN

Date October 12, 2001

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
Mr.	John Schall	1726 E. 7th Ave, #12	Tampa FL 33605

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

*John Schall*

Date Oct 12, 2001 Daytime Phone # 813-241-4277

Typed or printed name of signing Managing Member/Manager

John Schall