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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 5:15

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. DOCUMENT # L00000003045

Name and Mailing Address

0009234 01 AT 0.292 \*\*AUTO T4 0 0615 33605-380626



GRAND GRILL CENTRO YBOR LLC  
1726 E. 7TH AVE., STE. 12  
TAMPA FL 33605-3806

MJH



10/28 2003

2. New Mailing Address <b>Suite 21</b>		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/16/2000	
Principal Place of Business 1600 EAST 8TH AVE., STE. E202 TAMPA FL 33605	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3645740	Applied For <input type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent SCHALL, JOHN 1726 EAST 7TH AVE., NO. 21 TAMPA FL 33605		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 900024186499 10/28/03-01010-012 FL ***150.00 City	

CR2E084 (7/03)

10. 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.

X Signature of Registered Agent *John Schall* **SIGNATURE REQUIRED** Date 10/17/03  
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SCHALL, JOHN	1726 EAST 7TH AVE., NO. 21	TAMPA FL 33605

REINSTATEMENT 2003

12. I certify that I am managing the 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.

X Signature of Managing Member/Manager *John Schall* **SIGNATURE REQUIRED** Date 10/17/03 Daytime Phone # 813-241-4277  
Typed or printed name of signing Managing Member/Manager John Schall