JAN-25-02 12:12PM FROM-AKERMAN SENTERFITT EIDSON

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # L00000014144

1/25
2001-2002

1. Limited Liability Company's Name
West Palmden Restaurants, LLC

2. Principal Office Address		3. Mailing Office Address	
8665 Sudley Road		8665 Sudley Road	
Suite, Apt #, etc: #314		Suite, Apt #, etc: #314	
City & State: Manassas, VA		City & State: Manassas, VA	
Zip: 20110	Country: USA	Zip: 20110	Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 11/16/2000

6. FEI Number: 54-2014978 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: American Information Services, Inc.

Street Address (P.O. Box Number is not Acceptable): 350 E. Las Olas Blvd.

Suite, Apt #, Etc: Suite 1600

City: Fort Lauderdale State: FL Zip Code: 33301

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.

American Information Services, Inc.

Signature of Registered Agent: [signature] Asst. Sec. Date: 1/25/02

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
Managing Member	Shakeel Rizvi	8665 Sudley Road, #314	Manassas, VA 20110

REINSTATEMENT 2001-2002

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: [signature] Date: 1-7-02 Daytime Phone #: (703) 330-0027

Typed or printed name of signing Managing Member/Manager: Shakeel Rizvi, Managing Member

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