L00000014144 1062

DEC-01-03 10:01AM FROM AKERMAN SENTERFITT 9544632224 1/02 F-055

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED
03 DEC -1 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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

1. DOCUMENT # L00000014144

Name and Mailing Address

REINSTATEMENT 2003

0015CD8 01 MB 0.308 **AUTO T8 0 0815 20110-458865
WEST PALMDEN RESTAURANTS, LLC
8665 SUDLEY ROAD, #314
MANASSAS VA 20110-4588

2. New Mailing Address: WEST PALMDEN RESTAURANTS, LLC P.O. BOX 1618
City, State, Zip: CUMBERLAND MD 21501-1618

4. State/Country of Formation: FL

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

Principal Place of Business: 8665 SUDLEY ROAD, #314 MANASSAS VA 20110

3. New Principal Place of Business Address: 24 NATIONAL HWY
City, State, Zip: LAVALE MD 21502

6. FEI Number: 54-2014878 | Applied For | Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee ... for a Certificate of Status

8. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
350 E. LAS OLAS BLVD., SUITE 1600
FORT LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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.

Signature of Registered Agent [signature] - DELFINA R. CAMPOS Date 12-01-03
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
MGRM	RIZVI, SHAKEEL	~~8665 SUDLEY ROAD, #314~~ 24 NATIONAL HWY	~~MANASSAS VA 20110~~ LAVALE MD 21502

JB 12/1/03

12. 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 while 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 11-30-03 Daytime Phone # 301-722-6733 703-421-1480

Typed or printed name of signing Managing Member/Manager SHAKEEL RIZVI

H03000326586 3