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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 30 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000003341

Name and Mailing Address

0004366 01 AT 0.292 \*\*AUTO T8 0 0615 32976-263907

LIZZIES BISTRO LLC

8530 US HWY 1, UNIT 7  
MICCO FL 32976-2639

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/06/2001	
Principal Place of Business 8530 US HWY 1, UNIT 7 MICCO FL 32976	3. New Principal Place of Business Address	6. FEI Number 52-2297002	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent LAFORTUNE, ELIZABETH 8530 US HWY, UNIT 1 MICCO FL 32976		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		700024289137	
		10/30/03--01051--002 **150.00	
		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 <i>E. Lafortune</i>		Date 10/27/03	
SIGNATURE REQUIRED 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	LAFORTUNE, ELIZABETH	1690 TUGWELL ST. SE	PALM BAY FL 32909
MGR	LAFORTUNE, DONALD	1690 TUGWELL ST. SE	PALM BAY FL 32909
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 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 <i>E. Lafortune</i>		Date 10/27/03 Daytime Phone # (772) 664-4100	
Typed or printed name of signing Managing Member/Manager			

CR2E034 (7/03)

REINSTATEMENT

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dec