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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

L01000008980

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAR 12 PM 4:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L01000008980

Name and Mailing Address

0004242 01 FP 0.352 **PRSRT T3 0 0615 33432-163309

NORTH AMERICAN B.B.Q., LLC
127 N.W. 13TH STREET, BAY #9
BOCA RATON FL 33432-1633

MJH

3/12-2002-2003

CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 06/05/2001

Principal Place of Business
127 N.W. 13TH STREET, BAY #9
BOCA RATON FL 33432

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number: N/A ☐ 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

~~MANDELL, CRAIG J.~~
~~800 CORPORATE DRIVE, SUITE 510~~
~~FORT LAUDERDALE FL 33334~~

SANDRA GAGNE
127 NW 13TH ST
BOCA RATON, FL
33432

9. Name and Address of New Registered Agent

Name

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

500080695865
12/26/02--01080--001 **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 _____ Date 2/01/03

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	LARSON, CRAIG	951 BOLENDER DRIVE	DELRAYBEACH FL 33483
MGRM	LARSON, KARIN	951 BOLENDER DRIVE	DELRAYBEACH FL 33483
MGRM	GORDON, JAMES	20320 FAIRWAY OAKS DRIVE, #362	BOCA RATON FL 33434
MGRM	GORDON, JUDY	20320 FAIRWAY OAKS DRIVE, #362	BOCA RATON FL 33434

900013991969
03/12/03--01049--009 **50.00

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 _____ Date 12/19/02 Daytime Phone # 561-392-7289

Typed or printed name of signing Managing Member/Manager