

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LD1000009405

1. Limited Liability Company's Name

630 Cantina, L.L.C.

2. Principal Office Address - No P.O. Box #

4875 N. Federal Hwy

Suite, Apt. #, etc.

7th FL

City & State

Ft. Lauderdale, FL

Zip

33308

Country

USA

3. Mailing Office Address

4875 N. Federal Hwy

Suite, Apt. #, etc.

7th FL

City & State

Ft. Lauderdale, FL

Zip

33308

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6-13-01

6. FEI Number

651123551

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

Name

Harold S. Borshever & Associates, P.A.

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

4875 N. Federal Hwy

Suite, Apt. #, Etc.

7th FLOOR

City

Ft. Lauderdale

State

FL

Zip Code

33308

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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.

Signature of
Registered Agent

Harold Borshever

REGISTERED AGENT MUST SIGN

Date 8/13/07

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	CARL KARMIN	625 E. Las Olas Blvd.	Ft. Laud, FL 33301
MEM	Bob Worthin	625 E. Las Olas Blvd.	Ft. Laud, FL 33301

REINSTATEMENT 05-07

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

CARL KARMIN

Date

Daytime Phone # (954) 761-7920

Typed or printed name of signing Managing Member/Manager

CARL KARMIN

FILED

2007 AUG 20 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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08/28/07--01018--005 **250.00

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