

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 AUG 20 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600108700086
08/28/07--01018--005 **250.00

CR2E041 (1/07)

DOCUMENT # **L01000009405**

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. Bofshever & 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.

[Signature]

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

[Signature: Harold Bofshever]

REGISTERED AGENT MUST SIGN

[Signature]

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
MGRM	Carl Karmin	625 E. Las Olas Blvd.	Ft. Laud, FL 33301
MGRM	Bob Woltin	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

[Signature: Carl Karim]

Date

Daytime Phone #

(954) 761-7920

Typed or printed name of signing Managing Member/Manager

CARL KARIM