

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUN 23 AM 7:01

DOCUMENT # L01000010261

1. Limited Liability Company's Name

Dynamic Restaurant Group, LLC

REINSTATEMENT

900156670759
06/02/09--01021--012 **238.75

CR2E041 (10/08)

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

500 NE Spanish River Blvd

3. Mailing Office Address

500 NE Spanish River Blvd

Suite, Apt. #, etc.

Ste 205

Suite, Apt. #, etc.

Ste 205

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33431

Country

USA

Zip

33431

Country

USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business In Florida 6/25/01

6. FEI Number
65-1121957

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

James Cosentino

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

500 NE Spanish River Blvd

Suite, Apt. #, Etc.

Ste 205

City

Boca Raton

State

FL

Zip Code

33431

☒ 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

James Cosentino
REGISTERED AGENT MUST SIGN

Date

4/30/09

10. Names and Street Addresses of Managing Members/Managers

MC&RM

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
Member	JAMES A COSENTINO	500 NE SPANISH RIVER BLVD STE 205	BOCA RATON, FL 33431

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

James A Cosentino

Date

4/30/09

Daytime Phone #

561-362-5514

Typed or printed name of signing Managing Member/Manager

JAMES A COSENTINO