

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 APR 22 PM 3:53

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L01000014602

1. Limited Liability Company's Name

Adam Restaurant I, LLC

2. Principal Office Address

2665 South Bayshore Dr.

Suite, Apt. #, etc.

1006

City & State

Coconut Grove, FL

Zip

33133

Country

USA

3. Mailing Office Address

2665 South Bayshore Dr.

Suite, Apt. #, etc.

1006

City & State

Coconut Grove, FL 33133

Zip

33133

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

8/28/01

6. FEI Number

59-3744112

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

Wayne D. Lippman

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

2665 South Bayshore Dr.

Suite, Apt. #, Etc.

1006

City

Coconut Grove

State

FL

Zip Code

33133

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

Wayne D. Lippman, MGR

REGISTERED AGENT MUST SIGN

100054306311
05/12/05--01006--01/05 **205.00
Date 4/21/05

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	Wayne D. Lippman	13019 Mar Street	Coral Gables, FL 33156
MGRM	Dennis A. Koltun	12825 SW 103 Ct.	Miami, FL 33176
MGR	Adam Lippman	13019 Mar Street	Coral Gables, FL 33156
MGR	Adam Koltun	12825 SW 103 Ct	Miami, FL 33176

REINSTATEMENT 2004-05

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

Wayne D. Lippman, MGR

Date

4/21/05

Daytime Phone

(305) 858-7707

Typed or printed name of signing Managing Member/Manager

Wayne D. Lippman

CR2E041 (10/02)