L01000016236

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
03 NOV -3 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000016236

1. Limited Liability Company's Name
Seafood Gourmet Holdings, L.L.C.

10/4/02

2. Principal Office Address	3. Mailing Office Address
10590 Northwest 62nd	10590 Northwest 62nd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Parkland, FL	City & State Parkland, FL
Zip / Country 33076 / Broward	Zip / Country 33076 / Broward

4. State/Country of Formation
Florida/

5. Date Organized or Qualified To Do Business in Florida
9/18/01

6. FEI Number
65-1141271
☐ 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
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

500024551405
11/10/03--01014--022 *205.00

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

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: Connie Bryan
CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date: 11/03/2003

CR2E041 (8/01)

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
manager	Scott M. Zuckerman, Manager	10590 Northwest 62nd	Parkland, FL 33076

BK

REINSTATEMENT 2002-2003

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: _____ Date: 10/24/03 Daytime Phone # (954) 575-5473

Typed or printed name of signing Managing Member/Manager: Scott M. Zuckerman, authorized Member

CT-110 - 11/13/02 CT System Online