

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

03 MAR 26 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L-01000016238

1. Limited Liability Company's Name

Chesapeake Bay Crabcake Factory of Boca, L.L.C.

2. Principal Office Address

Polo Club Shoppes

Suite, Apt. #, etc.

5030 Champion Blvd., Suite G-8

City & State

Boca Raton, FL

Zip

33496

Country

Palm Beach

3. Mailing Office Address

Polo Club Shoppes

Suite, Apt. #, etc.

5030 Champion Blvd., Suite G-8

City & State

Boca Raton, FL

Zip

33496

Country

Palm Beach

4. State/Country of Formation

Florida/Palm Beach

5. Date Organized or Qualified

To Do Business in Florida

9/18/01

6. FEI Number

65-1141128

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

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

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

X [Signature]

ANN J. WILLIAMS

Assistant Vice President

Date *X March 25, 2003*

REGISTERED AGENT MUST SIGN

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	Seafood Gourmet Holding, L.L.C.	c/o Chesapeake Bay Crabcake Factory of	
		Boca, L.L.C. Polo Club Shoppes	
		5030 Champion Blvd., Suite G-8	Boca Raton, FL 33496

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

X [Signature]

Date *3/17/03*

Daytime Phone # (561) 912-1114

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