

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
In and Through
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 30 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000018957

Name and Mailing Address

0000618 01 FP 0.352 **PRSR T2 0 0615 32789-121109



LA CUISINE D'OR LLC
2009 VENETIAN WAY
WINTER PARK FL 32789-1211

800009744208
12/30/02--01084--004 **150.00



CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

11/02/2001

Principal Place of Business

2009 VENETIAN WAY
WINTER PARK FL 32789

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

03-0436376

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

PHALIN, LAWRENCE J.
225 EAST ROBINSON STREET, SUITE 600
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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]

Date

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	GOLDMAN, STEPHEN H	2009 VENETIAN WAY	WINTERPARK FL 32789

REINSTATEMENT

02

12. 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]

Date 12/23/02 Daytime Phone #

Typed or printed name of signing Managing Member/Manager