

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL -6 AM 9:38

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000001093

1. Limited Liability Company's Name

RJ'S SANDWICHES OF CENTRAL FLORIDA, II, LLC
P.O. BOX 899
WINTER HAVEN FL 33882

REINSTATEMENT 03-05

2. Principal Office Address

36158 US HWY 27

Suite, Apt. #, etc.

City & State

HAINES CITY, FL

Zip

33844

Country

USA

3. Mailing Office Address

P.O. BOX 899

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FL

Zip

33882

Country

USA

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

01/09/2002

6. FEI Number

80-0031123

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

JOHN M. SATERBO

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

1 CYPRESS COVE

Suite, Apt. #, Etc.

City

WINTER HAVEN

State

FL

Zip Code

33884

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/29/05

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	JOHN M. SATERBO	1 CYPRESS COVE	WINTER HAVEN, FL 33884
MGRM	WARREN K. HEATH, II	2415 CYPRESS GARDENS BLVD	WINTER HAVEN, FL 33884

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

[Signature]

Date

4/29/05

Daytime Phone#

Typed or printed name of signing Managing Member/Manager

CR2EM1 (10/02)