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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
2003 NOV 20 AM 9:41
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000001163

Name and Mailing Address

0012628 01 AT 0.292 **AUTO T6 0 0615 33462-296102

LANTANA LUNCH BOX LLC
508 N DIXIE HIGHWAY
SUITE 2
LANTANA FL 33462-2961

PB

CR2E084 (7/03)

2. New Mailing Address	4. State/Country of Formation: FL
City, State, Zip	5. Date Organized or Qualified To Do Business in Florida: 01/15/2002
Principal Place of Business: 508 N DIXIE HIGHWAY, SUITE 2, LANTANA FL 33462, PB	3. New Principal Place of Business Address
	City, State, Zip
6. FEI Number	☐ 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	9. Name and Address of New Registered Agent
LAUDANO, KIMBERLY J 6915 S PLYMOUTH DR LANTANA FL 33462	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 REQUIRED Kimberly J Laudano Date 11-10-03

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
MGR	Kimberly J Laudano	6915 S Plymouth Lantana	Lantana FL 33462

300024868573
11/20/03--01008--012 **155.00

REINSTATEMENT 2003

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 REQUIRED Kimberly J Laudano Date 11-10-03 Daytime Phone # 561-586-2030

Typed or printed name of signing Managing Member/Manager