

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

08 NOV -4 PM 12: 06

DOCUMENT # L02000006545

1. Limited Liability Company's Name

THE FOGLIFTER CAFE, LLC

900137569389
11/03/08--01047--017 **832.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

1740 PIERCE STREET

3. Mailing Office Address

1740 PIERCE STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELAND, FL

City & State

DELAND, FL

Zip

32724

Country

VOLUSIA

Zip

32724

Country

VOLUSIA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 03/11/02

6. FEI Number

45-0479939

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

STEPHANIE D BEAMAN

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

1740 PIERCE STREET

Suite, Apt. #, Etc.

City

DELAND, FL

State

FL

Zip Code

32724

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date 10/31/08

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	STEPHANIE D BEAMAN	1740 PIERCE STREET	DELAND, FL 32724

REINSTATEMENT 03-08

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

10/31/08

Daytime Phone #

386 626 5535

Typed or printed name of signing Managing Member/Manager

386 316 0221