

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 APR -5 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000006983

1. Limited Liability Company's Name

T & T RESTAURANT LLC

CR2E041 (1/07)

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

15064 Jog Rd.

Suite, Apt. #, etc.

#15Y16

City & State

Delray Beach FL

Zip

33446

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

SAME

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

2002 MARCH 3

6. FEI Number

04-363-2951

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

FRANCISCO TOSTA

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

4199 NW 28 Ave

Suite, Apt. #, Etc.

r

City

BOCA RATON

State

FL

Zip Code

33434

☐ 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.

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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 03/31/07

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
MGR	FRANCISCO TOSTA	4199 NW 28 Ave.	BOCA RATON FL 33434
			800095485878 04/11/07--01027--022 **100.00
			REINSTATEMENT 06-07

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

03/31/07

Daytime Phone #

954 394 6065

Typed or printed name of signing Managing Member/Manager