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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

03 DEC 26 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000007302

Name and Mailing Address

0002502 01 AT 0.292 **AUTO T1 0 0615 32548-592754

B.G.R. RESTAURANTS, LLC
909 SANTA ROSA BLVD. #229
FT. WALTON FL 32548-5927200025770602
12/26/03--01031--003 **150.00

2. New Mailing Address

4538 Hwy 20

City, State, Zip

Niceville FLORIDA 32578

Principal Place of Business

909 SANTA ROSA BLVD. #229
FT. WALTON FL 32548

3. New Principal Place of Business Address

4538 Hwy 20

City, State, Zip

Niceville FL 32578

4. State/Country of Formation
FL5. Date Organized or Qualified
To Do Business in Florida

03/27/2002

6. FEI Number

37-145663

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

LOVE, GLYN
909 SANTA ROSA BLVD. #229
FT. WALTON FL 32548

9. Name and Address of New Registered Agent

Name

GLYN LOVE

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

1658 Knollwood Way

City

Niceville FL

FL

32578

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

Date

12/15/03

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
mgrm	Rodney D. Love	1600 Bay Dr. Unit 532 Niceville, FL 32578	Niceville FL 32578

REINSTATEMENT

03

AL

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

Date

12-15-03

Daytime Phone #

850 897-3964

Typed or printed name of signing Managing Member/Manager: