

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 19 PM 5:29

1. DOCUMENT # L02000012360

Name and Mailing Address

0011502 01 AT 0.292 \*\*AUTO T3 0 0615 33401-793517



PAINTED HORSE CAFE, LLC  
2417 SOUTH DIXIE HWY  
WEST PALM BEACH FL 33401-7935



2. New Mailing Address  City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 2417 SOUTH DIXIE HWY WEST PALM BEACH FL 33401		5. Date Organized or Qualified To Do Business in Florida 05/16/2002	
3. New Principal Place of Business Address  City, State, Zip		6. FEI Number 47-0879505	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent  KUZMENKO, PENELOPE H 2417 SOUTH DIXIE HWY WEST PALM BEACH FL 33401	9. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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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 *P. Kuzmenko* **SIGNATURE REQUIRED** Date 12/16  
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	KUZMENKO, PENELOPE H	284 CORDOVA RD	WEST PALM BEACH FL 33401

200025629302  
12/19/03--01025--002 \*\*150.00

**REINSTATEMENT** 03 Dec

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 *P. Kuzmenko* **SIGNATURE REQUIRED** Date 12/16 Daytime Phone # 561-823-1490

Typed or printed name of signing Managing Member/Manager