

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 CORPORATIONS

06 APR -7 AM 9:16

DOCUMENT # L 02000012360

1. Limited Liability Company's Name

PAINTED HORSE CAFE LLC

2. Principal Office Address

2417 S. DIXIE HWY

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

Zip

33401

Country

PALM BEACH

3. Mailing Office Address

2417 S. DIXIE HWY

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

Zip

33401

Country

PALM BEACH

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA, PALM BEACH

5. Date Organized or Qualified
To Do Business in Florida

05/16/2002

6. FEI Number

470P7905

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

PENLOPE H KOZMENKO

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

1800 FLORIDA AVE

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33401

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

Penelope H Kozmenko

REGISTERED AGENT MUST SIGN

Date

04/05/06

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

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

Penelope H Kozmenko

Date

4/05/06

Daytime Phone #

561-837-1490

Typed or printed name of signing Managing Member/Manager