

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 NOV -6 PM 3:02

DOCUMENT # L02000013021

1. Entity Name
SHARI'S RESTAURANT LLC.



Principal Place of Business
2844 LAKELAND HIGHLANDS RD
LAKELAND, FL 33803

Mailing Address
1402 E OAKWOOD LANE
PLANT CITY, FL 33566

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10172007 REIN-LLC CR2E101 (1/07)

4. FEI Number
55-0791064

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SARRIS, SHARI L
1402 E OAKWOOD LANE
PLANT CITY, FL 33566

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Shari L Sarris

(NOTE: Registered Agent signature required when reinstating)

10/31/07

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ILIAS, SARRIS
1709 E. OAKWOOD LANE
PLANT CITY, FL 33560 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
900111634269
11/02/07--01011--011 **\$50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SARRIS, SHARI
1709 E. OAKWOOD LANE
PLANT CITY, FL 33560 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Shari L Sarris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/31/07

Date

863-665-8565

Daytime Phone #

REINSTATEMENT

WOP 2007