▲ Tear Here ▲ ▲ Tear Here ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

Secretary of State
DIVISION OF CORPORATIONS

L02000016290

FILED
04 MAR 19 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000016290

Name and Mailing Address

0000934 01 AV 0.278 **AUTO H5 0 0615 33431-650390

CONNIE'S "ON THE ROAD AGAIN", LLC
3090 INGLEWOOD TERRACE
BOCA RATON FL 33431-6503

CR2E084 (7/03)

2. New Mailing Address	4. State/Country of Formation: FL
City, State, Zip	5. Date Organized or Qualified To Do Business in Florida: 06/28/2002
Principal Place of Business: 3090 INGLEWOOD TERRACE BOCA RATON FL 33431	3. New Principal Place of Business Address
City, State, Zip	6. FEI Number: ☐ 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	9. Name and Address of New Registered Agent
RAI, CONNIE 3090 INGLEWOOD TERRACE BOCA RATON FL 33431	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ Date _____

SIGNATURE REQUIRED
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
MGR	RAI, CONNIE	3090 INGLEWOOD TERRACE	BOCA RATON FL 33431

600029384336
022504-01016-017 **200.00

REINSTATEMENT 2003-04

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 _____ Date 2/15/04 Daytime Phone # 561-392-1685

SIGNATURE REQUIRED

Typed or printed name of signing Member/Manager _____