

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 16 AM 9:46

DOCUMENT # L02000018636

1. Limited Liability Company's Name

Original Steakhouse and Sports Theater (CITYPLACE), LLC

CR2E041 (8/05)

2. Principal Office Address

8396 State Rd 84

Suite, Apt. #, etc.

City & State

Davie, FL

Zip

33324

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

07/23/2002

6. FEI Number

743061167

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

J. David Toole, III

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

8396 State Rd 84

Suite, Apt. #, Etc.

City

Davie

State

FL

Zip Code

33324

608081826066

11/16/06--01007--001 **250.00

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

Date

11/10/06

REGISTERED AGENT MUST SIGN

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
Mgr	M & H, LLC	8396 State Rd 84	Davie, FL 33324

REINSTATEMENT 04-06

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

Date

11/10/06

Daytime Phone #

954-473-2002

Typed or printed name of signing Managing Member/Manager

M & H, LLC By: J. David Toole, III, managing member