

FILED

2003 NOV 19 PM 4:16

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000026132

1. Limited Liability Company's Name

Stuart Stone Grill Associates, L.L.C.

200024843902
11/19/03--01006--020 **150.00

2. Principal Office Address

2583 S.E. Federal Highway

Suite, Apt. #, etc.

3. Mailing Office Address

same as principal office

Suite, Apt. #, etc.

City & State

Stuart, Florida

City & State

Zip

34994

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/03/2002

6. FEI Number

04-3713824

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

Nikolaos Renieris

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

2583 S.E. Federal Highway

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34994

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 11/07/03

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Nikolaos Renieris	400 Covered Bridge Road	Neshanic Station, NJ 08853
MGRM	Anthony Locascio	59 Old Highway 22	Clinton, NJ 08809

REINSTATEMENT 2003

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 608.408, 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 11/07/03

Daytime Phone #

908 296 7872

Typed or printed name of signing Managing Member/Manager

CR2EM1 (1/02)