

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 NOV 20 AM 10:50

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # LD 2 000027660

1. Limited Liability Company's Name

DINING OUT MIAMI, LLC

2. Principal Office Address

1508 BAY ROAD

3. Mailing Office Address

1508 BAY ROAD

Suite, Apt. #, etc.

927

Suite, Apt. #, etc.

927

City & State

MIAMI BEACH, FLORIDA

City & State

MIAMI BEACH, FLORIDA

Zip

33139

Country

USA

Zip

33139

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 10/16/2002

6. FEI Number

32-0039967

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

JENNIFER, SUSKIN

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

1508 BAY ROAD

Suite, Apt. #, Etc.

927

City

MIAMI BEACH

State

FL

Zip Code

33139

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

REGISTERED AGENT MUST SIGN

Date 11/11/03

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	JENNIFER SUSKIN	1508 BAY ROAD, STE 927	MIAMI BEACH, FLORIDA 33139
MGR	JEFFREY SUSKIN	3917 WEST 32ND AVENUE	DENVER, COLORADO 80212
MGR	JEFFREY SMITH	1745 WAZEE STREET	DENVER, COLORADO 80202

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 608.406, 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 11/11/03

Daytime Phone # 786-942-1982

Typed or printed name of signing Managing Member/Manager

Jennifer S. Suskin

CR2E041 (10/02)