

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 14 AM 10:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L02000029693

1. Limited Liability Company's Name

Mustard Seed Hospitality Group, LLC

2. Principal Office Address

2121 Chagall Circle

Suite, Apt. #, etc.

3. Mailing Office Address

2121 Chagall Circle

Suite, Apt. #, etc.

City & State

West Palm Beach, Florida

City & State

West Palm Beach, Florida

Zip

33409

Country

USA

Zip

33409

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

11/06/2002

6. FEI Number

81-0579533

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

David C. Self, II

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

324 Datura Street

Suite, Apt. #, Etc.

Suite 235

City

West Palm Beach

State

FL

Zip Code

33401

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

David C. Self, II

Date

01/09/04

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	Mustard Seed Hospitality Group, Inc.	2121 Chagall Circle	West Palm Beach, FL 33409
MGRM	David C. Self, II	2121 Chagall Circle	West Palm Beach, FL 33409

REINSTATEMENT

2003-2004

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

David C. Self, II

Date

01/09/04

Daytime Phone #

(561) 832-7080

Typed or printed name of signing Managing Member/Manager

David C. Self, II

CR20041 (10/02)