

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 5:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MM

1. DOCUMENT # L02000031373

Name and Mailing Address

0007421 01 AT 0.292 **AUTO T8 0 0615 33176-431535



GOOD EATS OF CORAL GABLES LLC
11835 S.W. 91ST AVENUE
MIAMI FL 33176-4315



10/28

2003

2. New Mailing Address 8605 SW 94 AVE City, State, Zip <u>MIAMI FL 33176</u>		4. State/Country of Formation FL	
Principal Place of Business 11835 S.W. 91ST AVENUE MIAMI FL 33176		5. Date Organized or Qualified To Do Business in Florida 11/20/2002	
3. New Principal Place of Business Address <u>1232 South Dixie Hwy</u> City, State, Zip <u>Coral Gables FL 33146</u>		6. FEI Number <u>46-0509516</u>	
8. Name and Address of Current Registered Agent GARCIA, DAVID R ESQ. C/O GABLES INTERNATIONAL PLAZA 2655 LEJEUNE ROAD, SUITE 802 CORAL GABLES FL 33134		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name <u>LARRY S. SAZANT</u> Street Address <u>1920 E. HALLANDALE BEACH BLVD. PH2</u> City <u>HALLANDALE FL</u> Zip Code <u>33009</u>		Applied For Not Applicable	
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 <u>[Signature]</u> SIGNATURE REQUIRED Date <u>10/22/03</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager 500024207895 10/28/03--01056--004 **150.00 City / State / Zip			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	
PM	<u>Walter Ross</u>	<u>8605 SW 94 AVENUE</u>	<u>MIAMI, FL</u>
VP	<u>William Ross</u>	<u>SAME</u>	<u>SAME</u>

REINSTATEMENT 2003

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 [Signature] **SIGNATURE REQUIRED** Date 10/22/03 Daytime Phone # 305 244-0205

Typed or printed name of signing Managing Member/Manager:

CR2E084 (7/03)