

LO2600031523

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY -5 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

DOCUMENT #

1. Limited Liability Company's Name
ALDO'S RESTAURANT, LLC

Principal Office Address
513 Crystal Drive

Suite, Apt. #, etc.

City & State
Madeira Beach

Zip
33708

Country
USA

3. Mailing Office Address
583 Crystal Drive

Suite, Apt. #, etc.

City & State
MADEIRA BEACH, FL

Zip
33708

Country
USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida **11/22/2002**

6. FEI Number
02-0662716

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

D&B CORPORATE SERVICE, INC.

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

5999 CENTRAL AVENUE, SUITE 202

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State
FL

Zip Code
33710

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

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
MEM	Michael Leavy	583 Crystal Drive	Madeira Beach, FL 33708

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

5-2-04

Daytime Phone#

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)