DEC-23-02 MON 05:12 PM FAX NO. P. 02/02

L02000031536

APPROVED AND FILED

DEC 24 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000031536

1. Limited Liability Company's Name
S & T RESTAURANT GROUP LLC

REINSTATEMENT 2003

2. Principal Office Address	3. Mailing Office Address
821 N. Victoria Park Road	821 N. Victoria Park Road
Suite, Apt. #, etc. #7	Suite, Apt. #, etc. #7
City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
Zip 33304 County US	Zip 33304 County US

4. State/Country of Formation: Florida/US

5. Date Organized or Qualified to do Business in Florida: 11/25/2002

6. FEI Number: 77-3387332 (Applied For / Not Applicable)

7. CERTIFICATE OF STATUS DESIRED ☑

8. Name and Address of Current Registered Agent

Name: Matthew G. Schindel, Esq.

Street Address (P.O. Box Number is Not Acceptable): One North Clematis Street

Suite, Apt. #, etc.: #500

City: West Palm Beach | State: FL | Zip Code: 33401

9. I hereby 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: [signature] REGISTERED AGENT MUST SIGN | Date: 12/10/03

10. Name and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Timothy Schira	821 N. Victoria Park Road #7	Fort Lauderdale, Fl 33304
MGRM	Sam Gallo	821 N. Victoria Park Road #7	Fort Lauderdale, Fl 33304

11. I certify that I am managing member/manager or the registered agent 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 taxes 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] | Date: 12/10/03 | Daytime Phone #: 561-649-4899

Typed or printed name of signing Managing Member/Manager: Timothy Schira

(H03000341299 3)

Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000341299 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205 0383

From:
Account Name : BROAD AND CASSEL-WPB
Account Number : I13990000010
Phone : (561)832-3300
Fax Number : (561)655-1109

LIMITED LIABILITY REINSTATEMENT

S & T RESTAURANT GROUP LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$155.00

Electronic Filing Menu Corporate Filing Public Access Help

RECEIVED
03 DEC 24 AM 7:54
DIVISION OF CORPORATION