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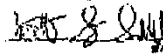
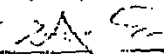
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 10200031536 1. Limited Liability Company's Name S & T RESTAURANT GROUP LLC			
2. Principal Place Address 1121 N. Victoria Park Road Suite, Apt. #, etc. #7 City & State Fort Lauderdale, FL Zip 33304		3. Mailing Office Address 821 N. Victoria Park Road Suite, Apt. #, etc. #7 City & State Fort Lauderdale, FL Zip 33304	
		4. State/Country of Formation Florida/US 5. Date Organized or Qualified to do Business in Florida 11/25/2002 6. FCI Number 77-35871332	
		7. Certificate of Status/LEADS ☒	
8. Name and Address of Current Registered Agent Name Matthew G. Schindel, Esq. Physical Address (P.O. box Number is Not Acceptable) One North Clematis Street Suite, Apt. #, etc. #500 City West Palm Beach			
9. State FL			
10. Zip Code 33401			
11. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, P.S. Signature of Registered Agent  Date 12/10/03 REGISTERED AGENT MUST SIGN			
12. Names and Exact Addresses of Managing Members/Managers			
Title MEM	Name of Managing Member/Manager Timothy Schira	Street Address of Each Managing Member/Manager 821 N. Victoria Park Road #7	City / State / Zip Fort Lauderdale, FL 33304
MEM	Sam Galt	821 N. Victoria Park Road #7	Fort Lauderdale, FL 33304
13. I certify that I am Managing Member/Manager or the taxpayer is limited partnership to execute this application as provided for in Chapter 608, P.S. I have verified when filing this reinstatement application the reason for delinquency has been determined, all limited liability company taxes and fees due to the Department of State are paid, 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  Date 12/10/03 Telephone 561-649-4890 Typed or printed name of Managing Member/Manager Timothy Schira			

REINSTATEMENT

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FAX NO.

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LIMITED LIABILITY REINSTATEMENT

S & T RESTAURANT GROUP LLC

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