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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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR -1 AM 8:44

1. DOCUMENT # L02000031539

Name and Mailing Address

0012923 01 AT 0.292 \*\*AUTO T7 0 0615 33483-644720

NEIGHBORHOOD RESTAURANT GROUP, LLC  
2155 SOUTH OCEAN BLVD., PH 20  
DELRAY BEACH FL 33483-6447



200025870022  
03/03/04--01039--027 \*\*50.00

2. New Mailing Address

2509 Plantside Drive

City, State, Zip

Louisville, KY 40299

Principal Place of Business

2155 SOUTH OCEAN BLVD., PH 20  
DELRAY BEACH FL 33483

3. New Principal Place of Business Address

3311 N. Flagler Dr

City, State, Zip

W. Palm Beach, FL 33407

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

11/22/2002

6. FEI Number

02-0668884

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

KANJIAN, ROBERT J  
301 CLEMATIS ST., STE. 203  
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name

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

200025870022  
12/31/03--01012--021 \*\*150.00

City

FL

Zip Code

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 12/10/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
		<b>REINSTATEMENT</b>	03-01
pres.	Christopher Harding	3311 N. Flagler DR.	W. PALM BEACH, FL 33407
VP	Mike Baughman	2509 Plantside DR.	Louisville, Ky 40299
Sec	Mike Gregory	2509 Plantside DR	Louisville, Ky 40299

12. I certify that I am managing member/manager of 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 REQUIRED**

Date 12-12-03 Daytime Phone (502) 493-8858

Typed or printed name of signing Managing Member/Manager

Mike Baughman

CR20094 (7/03)



R.M.D. Corp.  
2509 Plantside Drive  
Louisville, Kentucky 40299  
502-499-9991  
502-491-6819(fax)

February 5, 2004

**Via UPS Overnight**

Florida Department of State  
Attn: Diane Cushing  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

Re: Neighborhood Restaurant Group, LLC  
Ref Number: L02000031539

Dear Diane:

As requested per your correspondence of January 9, 2004, enclosed please find a check in the amount of \$50 for additional filing fees. Should you have any questions or concerns please feel free to give me a call.

Thank you for your patience and your assistance in this matter.

Sincerely,

Jill A. Brown, Paralegal  
RMD Corp

Enclosure