

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
13 AUG 9 AM 8:00

LIMITED LIABILITY

2013  
AR



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

L02000035026

Captain Joe's Buffet LLC

2. Principal Office Address - No P.O. Box #

604 LANTANA STREET

Suite, Apt. #, etc.

3. Mailing Office Address

604 LANTANA STREET

Suite, Apt. #, etc.

City & State

PANAMA CITY BCH, FL

City & State

PANAMA CITY BCH, FL

Zip

32407

Country

USA

Zip

32407

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

12/26/2002

6. FEI Number

02-0658069

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

FENG JER HO

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

604 LANTANA STREET

Suite, Apt. #, Etc.

City

PANAMA CITY BCH

State

FL

Zip Code

32407

E-mail Address:

500250595235

08/09/13--01031--005 \*\*238.75

padgettpcb@aol.com

(To be used for future annual report notices)

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

*[Signature]*

Date

8/8/13

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
MGRM	FENG JER HO	604 LANTANA ST	PANAMA CITY BCH, FL 32407

S. HAWKES

AUG 19 2013

EXAMINER

REINSTATEMENT

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing  
Member/Manager

*[Signature]*

Date

8/8/13

Daytime Phone #

850-276-9746

Typed or printed name of signing Managing Member/Manager