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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**

03 OCT 27 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000035139

Name and Mailing Address

0005331 01 AT 0.292 \*\*AUTO T1 0 0615 33065-499296



TERRIFIC PAPA LLC  
9696 ROYAL PALM BLVD.  
CORAL SPRINGS FL 33065-4992



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/31/2002	
Principal Place of Business 9696 ROYAL PALM BLVD. CORAL SPRINGS FL 33065	3. New Principal Place of Business Address	6. FEI Number 56 2309863	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 660 EAST JEFFERSON STREET TALLAHASSEE FL 32301-0000		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City FL Zip Code	
10. 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 10/22/03	
MAH [Signature]		REGISTERED AGENT MUST SIGN	
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
MGR	ELFENBEIN, JONATHAN	9696 ROYAL PALM BLVD.	CORAL SPRINGS FL 33065
MGR	OLIVER, KEVIN	2931 NW 28TH TERRACE	BOCA RATON FL 33434
300024166073 10/27/03--01056--019 **150.00			
REINSTATEMENT 03 dec			

12. 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

SIGNATURE REQUIRED

Date 10/20/03

Daytime Phone # 561 237 4272

Typed or printed name of signing Manager, Member/Manager

CR2E084 (7/03)