

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 15 AM 10:45

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L030000014314

1. Limited Liability Company's Name

Mister Chips, LLC

2. Principal Office Address

10334 Osprey Trace

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33412

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Florida

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

04/22/03--

6. FEI Number

20-0046887

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

Robert Armand

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

10334 Osprey Trace

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33412

REINSTATEMENT 04-05

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]

REGISTERED AGENT MUST SIGN

Date 3-11-05

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
MGR	Robert Armand	10334 Osprey Trace	West Palm Beach, FL 33412

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03/22/05--01033--002 **100.00

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.

Signature of
Managing Member/Manager

[Signature]

Date 3-11-05

Daytime Phone # (561) 776-8511

Typed or printed name of signing Managing Member/Manager

Robert Armand

CR2E041 (10/02)

Mister Chips, LLC
10334 Osprey Trace
West Palm Beach, FL 33412
Telephone 561-776-8511

March 11, 2005

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

-RE: Reinstatement for Mister Chips, LLC-- Document #: -L03000014314-

To Whom It May Concern,

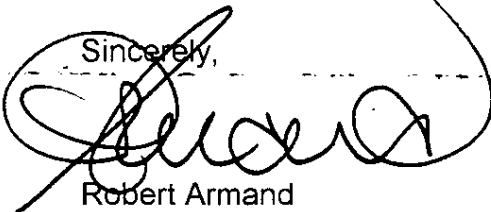
This letter is in regard to the above mentioned LLC. Last year there was no proper notice received to renew the LLC with your office. We appreciate your waiving the \$100 reinstatement fee.

Enclosed please find our completed reinstatement form along with a check for \$100, which is the \$50 for the 2004 annual report fee and \$50 for the 2005 annual report fee. I was informed by your office by telephone that I did not need to include an annual report form for 2005, that this reinstatement form was sufficient.

If you have any questions you can contact me at the above address or phone number.

Thank you for your help in resolving this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Robert Armand', is written over a horizontal dashed line.

Robert Armand
Manager