

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 30 AM 10:30

DOCUMENT # ~~L0300016874~~

1. Limited Liability Company's Name

COOKING TIME, LLC.

L03000016874

2. Principal Office Address

5344 NW 48th. Street

Suite, Apt. #, etc.

City & State

Coconut Creek, FL.

Zip

33073

Country

3. Mailing Office Address

5344 NW 48th. Street

Suite, Apt. #, etc.

City & State

Coconut Creek, FL.

Zip

33073

Country

CR2E041 (8/05)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

5/12/2003

6. FEI Number

56-2356449

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

Elizabeth Tsouroukdissian

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

5344 NW 48th. Street

Suite, Apt. #, Etc.

City

Coconut Creek

State

FL

Zip Code

33073

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

Date 12/30/05

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
P	Elizabeth Tsouroukdissian	5344 NW 48th. Street	Coconut Creek, FL. 33073

REINSTATEMENT 2005

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

Date 12/30/05

Daytime Phone (954) 822-1033

Typed or printed name of signing Managing Member/Manager

Elizabeth Tsouroukdissian