

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY 27 PM 1:34

DOCUMENT # L03000019744

1. Limited Liability Company's Name

Maltsburger LLC

CR2E041 (10/08)

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

4400 N Fed Hwy

3. Mailing-Office Address

Same

Suite, Apt. #, etc.

130

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Zip

33431

Country

USA

Zip

Country

4. State/Country of Formation

FLA USA

5. Date Organized or Qualified
To Do Business in Florida

5/29/03

6. FEI Number

043776169

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

Steven M AUERBAEGER, Esq

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

200 Congress Park Dr.

Suite, Apt. #, Etc.

Ste 104

City

Delray Beach

State

FL

Zip Code

33445

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 5/21/09

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
MLR	Anthony Acquaviva	4400 N Fed Hwy	Boca Raton FL 33431
			800156334418 05/25/09--01001--020 **516.25
			800156334418 05/25/09--01001--021 **138.75
	REINSTATEMENT 2006-2009		

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 5/21/09

Daytime Phone #

561.886 0300

Typed or printed name of signing Managing Member/Manager

ANTHONY ACQUAVIVA

T HANSEN MAY 28 2009

STEVEN M. AUERBACHER, P.A.

ATTORNEY AT LAW

Bar Member: Florida, New York & D.C.

200 Congress Park Drive, Suite 104

Delray Beach, Florida 33445

Tel: (561) 394-9311

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(561) 392-8311

SMAuerbacherPA@aol.com

May 21, 2009

Via Federal Express

Department of State Division of Corporations

Registration Section

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

RE: MALTS BURGERS, L.L.C.

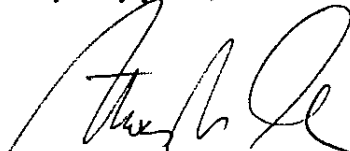
Attention: Registration Section

Enclosed is a Limited Liability Company Reinstatement Form for the above referenced limited liability company.

Also enclosed are two (2) checks one in the amount of \$516.25 and the other in the amount of \$138.75, both representing the fees as follows:

1. Reinstatement Fee of \$100.00
2. Annual Report Fee for 4 years from 2006 to 2009

Very truly yours,



Steven M. Auerbacher
Attorney at Law

SMA/lh

Encls.