

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

10 FEB -9 AM 9:58

DOCUMENT # LD4000002624

1. Limited Liability Company's Name

JOSAR INVESTMENTS, LLC

500167558815
01/29/10--01039--002 **\$16.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 5059 N.E. 18 th Avenue Suite, Apt. #, etc.		3. Mailing Office Address 5059 N.E. 18 th Avenue Suite, Apt. #, etc.	
City & State Fort Lauderdale, Florida		City & State Fort Lauderdale, Florida	
Zip 33334	Country USA	Zip 33334	Country USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

1/9/2004

6. FEI Number

200639981

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

JEFFREY D. KASTNER

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

5059 N.E. 18th Avenue

Suite, Apt. #, Etc.

City
Fort Lauderdale

State

FL

Zip Code

33334

☐ 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

Jeffrey D. Kastner
REGISTERED AGENT MUST SIGN

Date 1/28/2010

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
MEM	Flanigan's Enterprises, Inc	5059 N.E. 18 th Avenue	Fort Lauderdale, Florida 33334

500167558815
02/10/10--01003--005 **\$16.75

REINSTATEMENT 2007 - 2010

11. E-mail Address: clark@flanigans.net

(To be used for future annual report notifications)

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. JOSAR INVESTMENTS, LLC by Flanigan's Enterprises, Inc., its general partner

Signature of

Managing Member/Manager

by Jeffrey D. Kastner as CFO & Sec'y

Date 1/28/2010

Daytime Phone # 954-377-1961

Typed or printed name of signing Managing Member/Manager

JEFFREY D. KASTNER, CFO & SECY



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 FEB -9 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 3, 2010

JOSAR INVESTMENTS, LLC
5059 NE 18TH AVE
FT LAUDERDALE, FL 33334

SUBJECT: JOSAR INVESTMENTS, LLC
Ref. Number: L04000002624

We have received your document for JOSAR INVESTMENTS, LLC and check(s) totaling \$516.25. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$138.75. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 010A00002839