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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 SEP 28 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name
California Bistro Grill, L.L.C.

2. Principal Office Address	3. Mailing Office Address
4020 Arrow Ave.	4020 Arrow Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota FL.	City & State: Sarasota FL.
Zip: 34232 Country: USA.	Zip: 34232 Country: USA.

4. State/Country of Formation: Florida, U.S.A.
5. Date Organized or Qualified To Do Business in Florida: Sept. 27, 2004
6. FEI Number: 20-0603221 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Joseph Michael Wolf
Street Address (P.O. Box Number is Not Acceptable): 4020 Arrow Ave.
Suite, Apt. #, Etc.:
City: Sarasota State: FL Zip Code: 34232

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: 9/27, 2005
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Joseph M. Wolf	4020 Arrow Ave.	Sarasota Fl. 34232

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REINSTATEMENT 2005
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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 upon filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.508, 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: 9/22/05 Daytime Phone: (941) 228-8616

Typed or printed name of signing Managing Member/Manager: Joe Wolf