

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  
06 SEP 14 PM 12:05

**DOCUMENT #** L04000017403

**1. Limited Liability Company's Name**

VIRNELY'S DELI & RESTAURANT, LLC

CR2E041 (8/05)

**2. Principal Office Address**

4707 W. Gandy Blvd.#7

Suite, Apt. #, etc.

7

City & State

Tampa, Florida

Zip

33611

Country

USA

**3. Mailing Office Address**

2311 N. 54th Street

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33619

Country

USA

*[Signature]*

**4. State/Country of Formation**

Florida, USA

**5. Date Organized or Qualified**

To Do Business in Florida  
March 1, 2004

**6. FEI Number**

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

VIRGILIO PENA

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

2311 N. 54th. Street

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33619

**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 08/31/06

**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.	VIRGILIO PENA	2311 N. 54th. Street	Tampa, FL 33619
			800080040228 09/21/06--01055--014 **100.00

REINSTATEMENT 05-06

**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 08/31/06 Daytime Phone# (813) 732-7314

Typed or printed name of signing Managing Member/Manager

*Do Received Report*