

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000024851

1. Limited Liability Company's Name

MALTS BURGERS II, LLC

05

**FILED**  
06 DEC 18 AM 8:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500082622195

CR2E041 (8/05)

2. Principal Office Address 1711 NORTH CONGRESS AVE.,		3. Mailing Office Address 1711 NORTH CONGRESS AVE.,	
Suite, Apt. #, etc. BAYS C-4 & C-5		Suite, Apt. #, etc. BAYS C-4 & C-5	
City & State BOYNTON BEACH		City & State BOYNTON BEACH	
Zip FL	Country 33426	Zip FL	Country 33426

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 4/1/2004	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

**8. Name and Address of Current Registered Agent**

Name  
AUERBACHER, STEVEN M ESQ.  
Street Address (P.O. Box Number is Not Acceptable)  
200 CONGRESS PARK DRIVE  
Suite, Apt. #, Etc.  
SUITE 104  
City  
DELRAY BEACH

State  
FL  
Zip Code  
33445

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 /s/ Steven M. Auerbacher, Esq. Date 12/18/2006  
Registered Agent 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
MGRM	ANTHONY ACQUAVIVA	4400 N. FEDERAL HWY. STE 130	BOCA RATON, FL 33431

REINSTATEMENT 2005-2006

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 /s/Anthony Acquaviva Date 12/18/2006 Daytime Phone #

Typed or printed name of signing Managing Member/Manager



CORPORATION SERVICE COMP

# LO4000024851

ACCOUNT NO. : 072100000032

REFERENCE : 673307 92867A

AUTHORIZATION

COST LIMIT : \$ 200.00

ORDER DATE : December 18, 2006

ORDER TIME : 3:52 PM

ORDER NO. : 673307-005

CUSTOMER NO: 92867A

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TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: MALTS BURGERS II, L.L.C.

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06 DEC 18 PM 4:18  
CORPORATIONS  
DIVISION  
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper - Ext# 2948

EXAMINER'S INITIALS \_\_\_\_\_