

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 31 PM 4:42

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000029788

1. Limited Liability Company's Name

Cherry Merry Muffin,
LLC

CR2E041 (8/05)

2. Principal Office Address

2404 Hollywood Blvd
Suite, Apt. #, etc. Suite

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

-

Zip

Country

33020 US

Zip

Country

-

4. State/Country of Formation

US
Florida Broward

5. Date Organized or Qualified
To Do Business in Florida

4-19-04

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

Dennis Schaefer, Esq.

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

2404 Hollywood Blvd

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

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

REGISTERED AGENT MUST SIGN

Date

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
<u>member</u>	<u>Dennis</u> <u>Schaefer</u>	<u>2404 Hollywood</u> <u>Bld</u>	<u>Hollywood</u> <u>FL 33020</u>

REINSTATEMENT 2005-06

11. I certify that I am managing member/manager of 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

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Dennis L Schaefer