

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 APR -5 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000033853

Limited Liability Company's Name

NITROUS RESTAURANT + BAR

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # <u>2816 9TH AVE EAST</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>SAME</u> Suite, Apt. #, etc.	
City & State <u>BRADENTON</u>		City & State <u>FLORIDA</u>	
Zip <u>34208</u>	Country <u>MANATEE</u>	Zip <u>34208</u>	Country <u>MANATEE</u>

4. State/Country of Formation <u>FLORIDA / MANATEE</u>	
5. Date Organized or Qualified To Do Business in Florida <u>6/01/05</u>	
6. FEI Number <u>134280009</u>	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 <u>THEOTIS L. INGRAM</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>2816 9TH AVE EAST</u>		
Suite, Apt. #, Etc.		
City <u>BRADENTON, FLORIDA</u>	State <u>FL</u>	Zip Code <u>34208</u>

☐ 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 <u>Theotis L. Ingram</u> REGISTERED AGENT MUST SIGN	Date <u>3/27/07</u>

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>MG</u>	<u>THEOTIS L. INGRAM</u>	<u>2816 9TH AVE EAST</u>	<u>BRADENTON, FL 34208</u>
<u>MG</u>	<u>LISA PATTERSON INGRAM</u>	<u>"</u>	<u>"</u>
100096494421 04/11/07--01033--002 **250.00			
REINSTATEMENT <u>05-07</u>			

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 <u>Theotis L. Ingram</u>		Date <u>3/27/07</u>	Daytime Phone # <u>941-773-8453</u>
Typed or printed name of signing Managing Member/Manager <u>THEOTIS L. INGRAM</u>			