

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 APR -5 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300172439053
03/17/10--01037--004 **655.00
CR22041 (1/09)

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L040000034813

1. Limited Liability Company's Name
Bayshore Restaurant, LLC.
300 Alton Road, Suite 303.
MIAMI Beach, Fla. 33139

2. Principal Office Address - No P.O. Box # <u>SAME AS ABOVE.</u>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. State/Country of Formation <u>FLA/USA</u>	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number <u>36-4558848</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 Larry Rothstein

Street Address (P.O. Box Number is Not Acceptable)
1870 S. Bayshore DR.

Suite, Apt. #, Etc.

City Coconut Grove State FL Zip Code 33133

☐ 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.

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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] Date 3-15-10.

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
Mgr.	Robert Christoph JR.	300 Alton Rd #303	Miami Bch, Fla 33139
Mgr.	Larry Rothstein	1870 S. Bayshore Drive	Coconut Grove, Fla 33133
REINSTATEMENT 06-10			

11. E-mail Address: camarotti@himgcourtland.com

(To be used for future annual report notifications)

12. 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 3-15-10 Daytime Phone # 305-854-6803

Typed or printed name of signing Managing Member/Manager