

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (10/08)

DOCUMENT # L04000043362

1. Limited Liability Company's Name

Chicken & Fish, L.L.C.

2. Principal Office Address - No P.O. Box #

1140 Holland Drive

3. Mailing Office Address

Suite, Apt. #, etc.

Apt. #15

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

33487

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

06/07/2004

6. FEI Number

83-0400300

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

Julia Hornstein

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

1140 Holland Drive #15

Suite, Apt. #, Etc.

Apt. #15

City

Boca Raton

State

FL

Zip Code

33487

☒ 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

Date 12/26/2008

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	Julia Hornstein	1140 Holland Drive; #15	Boca Raton, FL 33487

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REINSTATEMENT

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

Date 12/26/2008 Daytime Phone # 973 885 2443

Typed or printed name of signing Managing Member/Manager Julia Hornstein