

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAY 17 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L04000050258

1. Limited Liability Company's Name

TWP Sisters Italian Cuisine LLC

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

3231 Overlook Rd

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davie

City & State

Florida

Zip
33328

Country
USA

Zip
33328

Country
USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

none

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

Gail Mendella

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

14130 Harpers Ferry Street

Suite, Apt. #, Etc.

City

Davie

State

FL

Zip Code

33325

☒ 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

Gail Mendella

Date

4/21/07

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	Gail Mendella	14130 Harpers Ferry St	Davie FL 33325
MGR	Donna Frink	3231 Overlook Rd	Davie FL 33328

REINSTATEMENT

100103288121

05/29/07--01024--011 **150.00

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

Gail Mendella
Donna Frink

Date

4/21/07

Daytime Phone #

954-224-8606

Typed or printed name of signing Managing Member/Manager

Gail mendella

Donna Frink