

200.00
9-16-05

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 JUL -5 AM 8:42

DOCUMENT # 604000052907

1. Limited Liability Company's Name

RESTAURANT DEVELOPMENT GROUP, LLC

800077379458

07/12/06--01011--011 **200.00

CR2E041 (8/05)

2. Principal Office Address

1501 S. FLAGLER DR

Suite, Apt. #, etc.

3. Mailing Office Address

1501 S. FLAGLER DR

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33401

Country

PALM BEACH

Zip

33401

Country

PALM BEACH

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

7/16/2004

6. FEI Number

74-3130180

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

FRANK GREEN

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

1501 S. FLAGLER DRIVE

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33401

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]

REGISTERED AGENT MUST SIGN

Date

4/27/06

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	GREEN, FRANK	1501 S. FLAGLER DR.	WEST PALM BEACH, FL 33401
MGRM	YORK, DANNY	7105 CROSSROADS BLVD., STE 105	BRENTWOOD, TN 37027

REINSTATEMENT 05-06

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 608.408, 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

4/27/06

Daytime Phone #

561.301.5200

Typed or printed name of signing Managing Member/Manager

FRANK GREEN

MANAGER