

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L04-73218**

1. Limited Liability Company's Name

Soho Pizza, LLC

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

2202 W. Platt St

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

336

Country

3. Mailing Office Address

4712 N. Lois Ave

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33614

Country

US

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

2004

6. FEI Number

52-2447524

☐ 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

Scott Ryan Quinn

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

4712 N. Lois Ave

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33614

☐ 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

Scott

Date **7.13.09**

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	Scott Ryan Quinn	4712 N. Lois Ave	Tampa FL 33614
F			

REINSTATEMENT 07-09 AL

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

Scott

Date

7.13.09

Daytime Phone #

Typed or printed name of signing Managing Member/Manager