

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 DEC 12 PM 4:11

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SECRETARY OF STATE 38233677
TALLAHASSEE, FLORIDA 32304-0001 1047--022 **138.75

1. Limited Liability Company's Name

POST RESTAURANT & LOUNGE, L.L.C.

11/03/08--01036--021 **125.00

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 16623 NE 19th Ave		3. Mailing Office Address PO Box 530299	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33162	Country USA	Zip 33153	Country USA

4. State/Country of Formation FL USA	
5. Date Organized or Qualified To Do Business in Florida 12-16-04	
6. FEI Number 202052368	<input type="checkbox"/> 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 C Michael McHer		
Street Address (P.O. Box Number is Not Acceptable) 16623 NE 19th Ave		
Suite, Apt. #, Etc.		
City MIAMI	State FL	Zip Code 33162

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/19/08

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	Timothy Smith	16623 NE 19th Ave Miami	Miami FL 33162
MGR	Oren Cohen	1820 E Hallandale Blvd	Hallandale FL 33009

REINSTATEMENT 08 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

[Signature]

Date 11-19-08

Daytime Phone# 305.790.1400

Typed or printed name of signing Managing Member/Manager

TIMOTHY SMITH MGRM