2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000092057

1. Entity Name
LATIN AMERICAN BAYFRONT BAR & GRILL, L.L.C.

FILED
2005 OCT 17 P 5:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10102005 REIN-LLC CR2E101 (6/04)

Principal Place of Business	Mailing Address
6526 VIA ROSA BOCA RATON, FL 33433	6526 VIA ROSA BOCA RATON, FL 33433

2. Principal Place of Business	3. Mailing Address
107690 Overseas Highway	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Key Largo, Florida	City & State
Zip: 33037-3101 Country: Monroe	Zip Country

4. FEI Number: 20-3310932 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOFSHEVER, HAROLD S 4875 N. FEDERAL HIGHWAY SEVENTH FL FORT LAUDERDALE, FL 33308	Name: Jack Weisblat Street Address (P.O. Box Number is Not Acceptable): 6526 Via Rosa City: Boca Raton FL Zip Code: 33433

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Jack Weisblat 10/12/05
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006. Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jack Weisblat Managing Member 6526 Via Rosa Boca Raton, FL 33433 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400006088434 10/17/05--01066--004 **155.00
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AL ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Jack Weisblat Jack Weisblat 10/12/05 954-605-9944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #