

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

08 MAR 27 PM 3:29

DOCUMENT # 205 000000 828

1. Limited Liability Company's Name

Biscayne Restaurant Associates, LLC

CR2E041 (12/07)

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

5663 NW 35th Ct

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33142

Country

USA

3. Mailing Office Address

5663 NW 35th Ct

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33142

Country

USA

4. State/Country of Formation

Florida/ USA

5. Date Organized or Qualified

To Do Business in Florida 01/03/05

6. FEI Number

11-3742421

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

Kenneth A. Lyon

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

5663 NW 35th Ct

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33142

☐ 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

REGISTERED AGENT MUST SIGN

Date 21 March 2008

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	KENNETH LYON	3 Island Ave	Miami Beach, FL 33142

REINSTATEMENT

600121197276
03/25/08--01018--013 **316.25

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

Date 03/21/08

Daytime Phone # 305-534-0600

Typed or printed name of signing Managing Member/Manager Kenneth A. Lyon