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L. SELLERS

MAR - 3 2009

EXAMINER

To:
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Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.
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LIMITED LIABILITY REINSTATEMENT

PATEL DIXIE RESTAURANT, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	~~$521.25~~ $421.25

$100 fee is waived

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

CR2E041 (10/08) 07101

DOCUMENT #

1. Limited Liability Company's Name

Patel Dixie Restaurant, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1503 Belvedere Road	1503 Belvedere Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach, Florida	City & State: West Palm Beach, Florida
Zip: 33406 Country: US	Zip: 33406 Country: US

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 3/1/2005

6. FEI Number: 20-2434878 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑

8. Name and Address of Current Registered Agent

Name: Jacqueline Bozzuto, Esq.

Street Address (P.O. Box Number is Not Acceptable): 215 N. Eola Drive

Suite, Apt. #, Etc.

City: Orlando State: FL Zip Code: 32801

☑ 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: Jacqueline Bozzuto REGISTERED AGENT MUST SIGN Date: 3/5/09

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Anand Patel	1503 Belvedere Road	West Palm Beach, Florida 33406

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 now 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: Anand. d. Patel Date: 3/5/09 Daytime Phone #: 561-644-2708

Typed or printed name of signing Managing Member/Manager: Anand Patel