FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 8: 49

COMPANY REINSTATEMENT COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretal Marian DIVISION OF CORPORATIONS AM 8: L SECRETARY OF STATE								SECRETARY OF STATE TALLAHASSEE, FLORIDA 8		
DOCUMENT # L05000032212 SECRETARY OF STATE ALL AHASSEE, FLORI 1. Limited Liability Company's Name							Ā	0 0 05/08	0 0150702380 /0901004002 **421.25	
BENNIE'S, LLC								000150702380 04/16/0901044029 **238.75 - CR2E041 (12/07)		
2. Principa	ess - No P.O. Box #	Office Address					0.000000			
13463 SW 179 STREET			13463 SW 179 STREET				4.		try of Formation	
Suite, Apt. #	#, etc.	Suite, Apt. #,	uite, Apt. #, etc.			FLORIDA 5. Date Organized or Qualified				
City & State City & State							To Do Business in Florida 04/01/2005			
MIAMI, FL			MIAMI, FL			6. FEI Number Applied For 20-2703466 Not Applicable				
Zip 33177		Country	Zip 33177		Count	try	7.	CERTIFICATE	OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status	
33177	00177							Tot a certificate of status		
8. Name and Address of Current Registered Agent Name							۱,	A \$100 reinstatement fee is imposed, except in circumstances which the entity did not		
VELMA N. BROOKS							T			
Street Address (P.O. Box Number is Not Acceptable) 13463 SW 179 STREET							receive the prior notices. By checking this			
Suite, Apt. #, Etc.							1	box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.		
City					State Zip Code					
MIAMI FL 33157										
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and a Signature of Registered Agent								accept the obligations of Chapter 608, F.S. Date $\frac{\mathcal{H} - 12 - 09}{}$		
REGISTERED AGENT MÜST SIGN										
10. Name	es and Street	Addresses of Managing Men	bers/Managers	1 1						
Titles	Name of Managing Members/Managers			Street Address of Each Managing Member/Manager					City / State / Zip	
MGRM	CONNOR, AUSTIN			13463 SW 179 STREET					MIAMI, FL 33177	
MGRM	CONNOR, JANET E.			13463 SW 179 STREET					MIAMI, FL 33177	
MGRM	CONNOR, RUEL B			13463 SW 179 STREET				:	MIAMI, FL 33177	
MGRM	CONNOR, JETHRO M			13463 SW 179 STREET					MIAMI, FL 33177	
MGRM	BROOKS, VELMA N			13463 SW 179 STREET					MIAMI, FL 33177	
MGRM	CONNOR, GLENNIS A.			13463 SW 179 STREET					MIAMI, FL 33177 / B	
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 fiability 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 o Managing N	of Member/Mana	iger King		<i>J.</i> ,			/2	-5/09°	aytime Phone# <u>786 207 4559</u>	
Typed or printed name of signing Managing Member/Manager AUSTIN CONNOR										