

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 OCT 22 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400161979604

10/21/09--01025--002 \*\*238.75

CR2E041 (10/08)

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000039081

1. Limited Liability Company's Name

T-Bones & Buster's, LLC

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

31 East Magnolia Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

1960 Bridgewater Drive

Suite, Apt. #, etc.

City & State

Eustis, FL

City & State

Lake Mary, FL

Zip

32726

Country

USA

Zip

32746

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified

To Do Business in Florida 4-18-2005

6. FEI Number

52-2458695

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

☐ 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.

8. Name and Address of Current Registered Agent

Name

Greg S. Mack

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

1960 Bridgewater Drive

Suite, Apt. #, Etc.

City

Lake Mary

State

FL

Zip Code

32746

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

Date 10-19-2009

REGISTERED AGENT MUST SIGN

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	Joni Mack	1960 Bridgewater Drive	Lake Mary, FL 32746

400161979604  
10/23/09--01011--025 \*\*138.75

REINSTATEMENT

08-09

OK 10-23-09

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 10-19-2009

Daytime Phone # 407-805-3243

Typed or printed name of signing Managing Member/Manager Joni Mack