

FILED

07 NOV 19 PM 3:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA2007 LIMITED LIABILITY COMPANY
REINSTATEMENT

DOCUMENT # L05000040767

1. Entity Name
RESTAURANTS OF FLORIDA, LLC

Principal Place of Business

25 WASHINGTON ST
MORRISTOWN, NJ 07960

Mailing Address

25 WASHINGTON ST
MORRISTOWN, NJ 07960

2 Principal Place of Business - No P.O. Box #

3 Mailing Address

Suite Apt # etc

Suite Apt # etc

City & State

City & State

Zip

Country

Zip

Country

10102007 REIN-LLC CR2E101 (1/07)

4. FBI Number
APPLIED FORApplied For
Not Applicable5 Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 a registered agent.

SIGNATURE Elizabeth R. Konieczny Elizabeth R. Konieczny Asst VP 11/7/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$100.00In accordance with s. 607.193(2)(b), F.S., the limited
liability company did not receive the prior noticeMake check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME VILLA PIZZA, INC
STREET ADDRESS 25 WASHINGTON ST
CITY- ST- ZIP MORRISTOWN, NJ 07960

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME 700110973087
STREET ADDRESS 10/19/07-01003-002 ***50.00
CITY- ST- ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE ☐ Change ☐ Addition
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CITY- ST- ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11 I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Bingo Glen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/10/07

973-285-4800

Newcomer

Copy/Date Phone #