2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000057016

City-St-Zip: BOCA RATON, FL 33487

Entity Name: TAVERNA OPA FRANCHISE, LLC

FILED Oct 26, 2009 Secretary of State

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Current P	rincipal Place of Business:	New Principal Pla	New Principal Place of Business:	
	3RD AVENUE TON, FL 33487			
Current Mailing Address:		New Mailing Addr	New Mailing Address:	
	3RD AVENUE TON, FL 33487			
	: 20-2983125 FEI Number Applied For (ace with s. 607.193(2)(b), F.S., the limited liabil		Certificate of Status Desired ()	
Name and	d Address of Current Registered Age	nt: Name and Address	s of New Registered Agent:	
6960 NW	ANIS, PETER 3RD AVENUE TON, FL 33487 US			
	e named entity submits this statement fo e of Florida.	r the purpose of changing its registe	ered office or registered agent, or both	
SIGNATU	RE: PETER TSIALIAMANIS			
	Electronic Signature of Registere	ed Agent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete TSIALIAMANIS, PETER 6960 NW 3RD AVENUE BOCA RATON, FL 33487	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete THEODORE, SOPHIA 6960 NW 3RD AVE BOCA RATON, FL 33487	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	MGR () Delete TSIALIAMANIS, KALLIOPE 6960 NW 3RD AVE	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

SIGNATURE: PETER TSIALIAMANIS MGRM 10/26/2009