

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY 14 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # LC500075134

1. Limited Liability Company's Name

Cellini Restaurants LLC

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

5427 Bayshore Blvd

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33611

Country

U.S.A.

3. Mailing Office Address

5427 Bayshore Blvd

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33611

Country

U.S.A.

4. State/Country of Formation

Florida, Hillsborough

5. Date Organized or Qualified

To Do Business in Florida 9/27/2008

6. FEI Number

59-3537330

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Michael P. Adamo

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

2401 Bayshore blvd

Suite, Apt. #, Etc.

#1103

City

Tampa

State

FL

Zip Code

33629

☐ 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

Michael P. Adamo

Date 5/6/08

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
mgrm	Michael P. Adamo	2401 Bayshore blvd #1103	Tampa, FL 33629
mgrm	Jonathan Agri	2560 Roxburgh Drive	Roswell, Ga 30076
mgrm	Mathew A. Adamo	4221 Spruce St. W. #1227	Tampa, FL 33607

REINSTATEMENT

2008

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05/12/08--01052--004 **238.75

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

Michael P. Adamo

Date 5/6/08

Daytime Phone # (813) 833.1007

Typed or printed name of signing Managing Member/Manager

Michael P. Adamo