

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 SEP 15 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600160670216

09/15/09--01013--002 **416.25

CR2E041 (10/08)

DOCUMENT # L05000102388

1. Limited Liability Company's Name

LOUIS FAMOUS FOODS 1st BLACK HISTORY RE

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

1330 NE 117th STREET

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Same

Zip

33161

Country

US

Zip

Same

Country

4. State/Country of Formation

Florida / US

5. Date Organized or Qualified
To Do Business in Florida

10-14-05

6. FEI Number

☒ 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

RODERICK LOUIS

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

1330 NE 117th STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33161

☒ 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

Roderick Louis

Date

9-2-09

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
MM	RODERICK LOUIS	1330 NE 117th STREET	MIAMI, FL 33161

REINSTATEMENT

07-09

AL

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

Roderick Louis

Date

9-2-09

Daytime Phone #

786-344-5730

Typed or printed name of signing Managing Member/Manager RODERICK LOUIS