PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 MAY -5 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

600155128946
05/01/09--01056--022 **416.25

CR2E041 (10/08)

DOCUMENT # L06000000656

1. Limited Liability Company's Name

Good Luck Cafes of Florida, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1910 E 7th Avenue	1910 E 7th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33605 Country: USA	Zip: 33605 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 1-03-2006

6. FEI Number: 20-4128435 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Natalie Brown

Street Address (P.O. Box Number is Not Acceptable): 8402 Lopez Drive

Suite, Apt. #, Etc.

City: Tampa State: FL Zip Code: 33615

☑ 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 _____ Date 4/14/2009

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
MGRM	Timothy Brown	8402 Lopez Drive	Tampa, FL 33605

S. HAWKES
MAY 08 2009
EXAMINER

REINSTATEMENT
2007/09

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 4/14/2009 Daytime Phone # 240-374-8593

Typed or printed name of signing Managing Member/Manager: Timothy Brown