

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**09 MAR 20 PM 3:04**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**800144518788**  
02/26/09--01030--013 \*\*243.75

CR2E041 (10/08)

**DOCUMENT # L06000003387**

**1. Limited Liability Company's Name**

**La Brasa of Coral Spring, LLC**

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

**8357 West Atlantic Boulevard**

Suite, Apt. #, etc.

City & State

**Coral Springs, FL**

Zip

**33071-7454**

Country

**USA**

**3. Mailing Office Address**

**4770 Biscayne Boulevard**

Suite, Apt. #, etc.

**Suite # 680**

City & State

**Miami, FL**

Zip

**33137-3244**

Country

**USA**

**4. State/Country of Formation**

**Florida, USA**

**5. Date Organized or Qualified**

**To Do Business in Florida 01/10/2006**

**6. FEI Number**

**20-3738186**

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☒

**\$5.00 Additional Fee required  
for a Certificate of Status**

☐ 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.

**8. Name and Address of Current Registered Agent**

Name

**La Brasa, LLC**

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

**4770 Biscayne Boulevard**

Suite, Apt. #, Etc.

**Suite # 680**

City

**Miami,**

State

**FL**

Zip Code

**33137-3244**

**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 **02/19/2009**

**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	Thomas Billante	16051 Collins Avenue, Apt # 304	Sunny Isles Beach, FL 33160-4510
MgrM	Thomas N. Billante	3383 Dovecote Meadow Lane	Davie, FL 33328-7311

**800144518788**  
03/24/09--01030--021 \*\*277.50

**REINSTATEMENT**

**07-09**

**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 **02/19/2009**

Daytime Phone # **(305) 576-1616**

Typed or printed name of signing Managing Member/Manager **Thomas Billante**

**N. 60000003387 MAR 20 2009**