

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 MAY -1 PM 12:24

DOCUMENT # L06000009039

1. Limited Liability Company's Name

SMOKEY'S BBQ & STEAKHOUSE LLC

500232424445
04/27/12--01039--004 **516.25
CR2E041 (1/11)

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

16368 NE HWY 19

3. Mailing Office Address

PO BOX 650

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CROSS CITY, FL

City & State

CROSS CITY, FL

Zip

32628

Country

DIXIE

Zip

32628

Country

DIXIE

4. State/Country of Formation

FL/DIXIE

5. Date Organized or Qualified
To Do Business in Florida

01/26/2006

6. FEI Number

204195356

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
KAREN G HERRING

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

738 NE 351 HWY

Suite, Apt. #, Etc.

City

CROSS CITY

State

FL

Zip Code

32628

E-mail Address:

KHERRING63@GMAIL.COM

(To be used for future annual report notices)

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

Karen Herring
REGISTERED AGENT MUST SIGN

Date

4/26/2012

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
P	DANNY HERRING	PO BOX 650	CROSS CITY, FL 32628
MGRM	KAREN HERRING	PO BOX 650	CROSS CITY, FL 32628

REINSTATEMENT 2010 - 2012

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Karen Herring
KAREN HERRING

Date

4/26/2012

Daytime Phone #