

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 CORPORATION

08 APR -2 PM 4: 19

DOCUMENT # L06000039799

1. Limited Liability Company's Name

Waterside Cafe, LLC

CR2E041 (12/07)

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

2020 W. Brandon Blvd

3. Mailing Office Address

W.

Suite, Apt. #, etc.

Ste #125

Suite, Apt. #, etc.

Ste #125

City & State

Brandon FL

City & State

Brandon, FL

Zip

33511

Country

USA

Zip

33511

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

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

Ivett A. Areingdale

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

1212 Carriage Park Dr.

Suite, Apt. #, Etc.

Valrico 1

City

Valrico

State

FL

Zip Code

33594

☒ 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

Ivett A. Areingdale
REGISTERED AGENT MUST SIGN

Date

3/5/08

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
Mgr	Ivett Areingdale	1212 Carriage Park Dr	Valrico FL 33594
			300122773043 04/10/08--01005--006 **252.50
			03/09/07--01026--020 **25.00

REINSTATEMENT 0607

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

Ivett A. Areingdale

Date

3/5/08

Daytime Phone #

813-3772253

Typed or printed name of signing Managing Member/Manager

Ivett A. Areingdale