

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 JAN 15 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # 506000053836

1. Limited Liability Company's Name

HTP Pizza LLC

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

14149 Andrew Scott

Suite, Apt. #, etc.

City & State

Spring Hill, FL

Zip

34609

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

1-07

6. FEI Number

20 4935872

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

Bruce W. Raber

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

14319 Spring Hill Dr.

Suite, Apt. #, Etc.

City

Spring Hill

State

FL

Zip Code

34609

☐ 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

BWR

Date

1/1/09

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
M/m	Catherine Raber	14149 Andrew Scott Spring Hill, FL 34609	300138116143
m/m	Bruce W. Raber Jr	" " "	1120108-01011-006 \$25.00
			300138116143
			300141018663 01216709--01045--004 **135.00

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

Catherine Raber

Date

1/1/09

Daytime Phone #

352-200-6180

Typed or printed name of signing Managing Member/Manager

Catherine Raber