

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 DEC 23 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L060000 7770 3 9/14/07

1. Limited Liability Company's Name

R&R Restaurant Enterprises, L.L.C.
7725 NW 146 STREET
Miami Lakes, Fl. 33016

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

7725 NW 146 ST.

Suite, Apt. #, etc.

3. Mailing Office Address

7725 NW 146 ST

Suite, Apt. #, etc.

City & State

Miami Lakes, Fl.

City & State

Miami Lakes, Fl.

Zip

33016

Country

USA

Zip

33016

Country

USA

4. State/Country of Formation

Florida / USA

**5. Date Organized or Qualified
To Do Business in Florida**

8/7/2006

6. FEI Number

20-5374386

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

Sidney Z. Brodie

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

1150 NW 72nd Avenue

Suite, Apt. #, Etc.

Penthouse

City

Miami

State

FL

Zip Code

33126

☒ 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

(X)

REGISTERED AGENT MUST SIGN

Date 12-11-08

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	Rolando Rodriguez	7725 NW 146 STREET	Miami Lakes, Fl. 33016

REINSTATEMENT

2007-

2008

200139102708
12/17/08--01034--005 **277.50

Without Penalty

up 12/24

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

(X)

Date 12-11-08

Daytime Phone # (305) 556-2400

Typed or printed name of signing Managing Member/Manager

Rolando Rodriguez