

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 NOV 27 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11152007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L06000121023					
1. Entity Name PIERSON FAMILY RESTAURANT LLC					
Principal Place of Business 304 S. CENTER STREET PIERSON, FL 32180			Mailing Address 80 MELODIE LANE DELAND, FL 32724		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 102 N. VOLUSIA AVE.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State PIERSON FL		4. FEI Number 20-8075906	
Zip		Country 32180 VOLUSIA		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SNOPESTAD, AURORA M 80 MELODIE LANE DELAND, FL 32724				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 102 N. VOLUSIA AVENUE City PIERSON FL Zip Code 32180	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.					
SIGNATURE <i>Aurora M Snopstad</i> <small>Signature, typed or printed name of registered agent and file if applicable.</small>			DATE <i>Nov 15, 07</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YANTA, PEDRO L 80 MELODIE LANE DELAND, FL 32724	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	102 N. VOLUSIA AVE. PIERSON, FL 32180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YANTA, TANIA S 80 MELODIE LANE DELAND, FL 32724	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	102 N. VOLUSIA AVE. PIERSON FL 32180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SNOPESTAD, AURORA M 80 MELODIE LANE DELAND, FL 32724	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	102 N. VOLUSIA AVE. PIERSON FL 32180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*** 100112456351 11/20/07--01014--015 ***50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 07	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Aurora M Snopstad</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE: <i>Nov 15, 07</i> <small>Date Daytime Phone #</small>		