

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000057899

1. Limited Liability Company's Name

THE BIG APPLE SPORTSBAR & LOUNGE

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

5611 NORWOOD AVE

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

Zip

32208

Country

3. Mailing Office Address

11621 DEEP SPRINGS DRIVE

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

Zip

32219

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida **5-30-2007**

6. FEI Number
26-2048251

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

DARIEN BENN

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

11621 DEEP SPRINGS DRIVE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32219

☒ 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

[Signature of Darien Benn]
REGISTERED AGENT MUST SIGN

Date **5-1-09**

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
MANAGER	Darien Benn	5611 Norwood Ave	Jax., FL 32208

REINSTATEMENT

[Handwritten signature]

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

[Signature of Darien Benn]

Date **5-1-09**

Daytime Phone#

904-536-8143

Typed or printed name of signing Managing Member/Manager