

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2011 MAR -8 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600197154366
03/08/11--01041--005 **660.00

CR2E041 (1/11)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000113583

1. Limited Liability Company's Name

Lobster Shack Holdings, LLC

2. Principal Office Address - No P.O. Box # 9950 NW 77 Ave		3. Mailing Office Address 9950 NW 77 Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hialeah Gardens, FL		City & State Hialeah Gardens, 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 11/09/07	
6. FEI Number 27-5165011	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name **Jorge V. De Ona**

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

Suite, Apt. #, Etc.
200

City **Coral Gables** State **FL** Zip Code **33134**

E-mail Address:
jasuarez@tropicaltile.com
(To be used for future annual report notices)

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  Date **2/25/11**

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
MGRM	Juan A. Suarez	9950 NW 77 Ave	Hialeah Gardens, FL 33016
REINSTATEMENT 08-11			
02-9-11			

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager  Date **2/25/11** Daytime Phone # **305-823-2360**

Typed or printed name of signing Managing Member/Manager