

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**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

Suite, Apt. #, etc.

City & State

Hialeah Gardens, FL

Zip

33016

Country

USA

3. Mailing Office Address

9950 NW 77 Ave

Suite, Apt. #, etc.

City & State

Hialeah Gardens, FL

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

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

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

REGISTERED AGENT MUST SIGN

Date

2/25/11

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