2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000120117

1. Entity Name
GF RESTAURANTS OF MARION, LLC

FILED
2009 MAR -4 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3600 SW 38TH AVE OCALA, FL 34474	3600 SW 38TH AVE OCALA, FL 34474

01272009 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	315NE 14th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Ocala, FL
Zip / Country	Zip: 34470 Country: USA

4. FEI Number: 26-1697313 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GAEKWAD, DIGVIJAY 2100 SE 73RD LOOP OCALA, FL 34480	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

~~FILE NOW!!! FEE IS $137.50~~

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: MGR NAME: Digvijay Gaekwad STREET ADDRESS: 2100 SE 73rd Loop CITY-ST-ZIP: Ocala, FL 34480	☐ Delete	☒ Change ☐ Addition 600143028346 02/06/09--01042--006 **138.75	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGRM NAME: Sean A. Muria STREET ADDRESS: 480 SW 87th Place CITY-ST-ZIP: Ocala, FL 34476	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

3-08-09
REINSTATEMENT
CS.

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.

Digvijay Gaekwad 3/2/09

SIGNATURE: Mary A. Lee - Mary A. Lee 1/30/09 (352) 482-0073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #
as authorized representative