

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 DEC 10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (05/10)

DOCUMENT # L08000072060

1. Limited Liability Company's Name

Dixie D Lite Cafe & Package LLC

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

1832 Lakeview Pt Rd

Suite, Apt. #, etc.

3. Mailing Office Address

69 Hart Rd.

Suite, Apt. #, etc.

City & State

Quincy FL

City & State

Quincy FL

Zip

32351

Country

Gadsden

Zip

32351

Country

Gadsden

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☒ 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 Wanda Boals

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

69 Hart Rd

Suite, Apt. #, Etc.

City

Quincy FL

State

FL

Zip Code

32351

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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 Wanda Boals

REGISTERED AGENT MUST SIGN

Date 12-10-10

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
mgr	Wanda Boals	69 Hart Rd.	Quincy FL 32351

REINSTATEMENT 09-10

L. SELLERS

DEC 10 2010

EXAMINER

11. E-mail Address:

(To be used for future annual report notifications)

12. 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 Wanda Boals

Date 12-10-10

Daytime Phone # 850-510-6670

Typed or printed name of signing Member/Manager