

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 208000100343

1. Limited Liability Company's Name

The ChefsTers, LLC.

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

5517 Van Dyke Rd

Suite, Apt. #, etc.

City & State

Lutz FL

Zip

33558

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Lutz FL

Zip

33558

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

10/24/08

6. FEI Number

26-3613938

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

Allan Andreasen

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

5517 Van Dyke Rd

Suite, Apt. #, Etc.

City

Lutz

State

FL

Zip Code

33558

☒ 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.

200175479672

05/04/10--01005--013 **138.75

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

Allan Andreasen

Date 4/9/10

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
MGR	Allan Andreasen	5517 Van Dyke Rd	Lutz FL 33558
MGRM	Oweal Sutton	5517 Van Dyke Rd	Lutz FL 33558
"	Chuck Pardee	"	"
"	WV Chap Chappell	"	"
"	Jake Eissmann	"	"

S. SAWYER

MAY 05 2010

REINSTATEMENT EXAMINER

11. E-mail Address: aba fax @ verizon-net

(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 608.408, 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 Allan Andreasen

Date 4/9/10

Daytime Phone # 813-493-8822

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2010

THE CHEFSTERS, LLC
5517 VAN DYKE RD
LUTZ, FL 33558

SUBJECT: THE CHEFSTERS, LLC
Ref. Number: L08000100343

We have received your document for THE CHEFSTERS, LLC and check(s) totaling \$138.75. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$0.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2009 through 2010; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$138.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 110A00009340