PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2010 AUG 24 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (05/10)

DOCUMENT #

1. Limited Liability Company's Name
L08000104296
THE NEW YORK RESTAURANT OF APOPKA LLC

2. Principal Office Address - No P.O. Box #
600 E. MAIN ST
Suite, Apt. #, etc.
City & State
APOPKA FL
Zip 32703 Country

3. Mailing Office Address
PO Box 2185
Suite, Apt. #, etc.
City & State
APOPKA FL
Zip 32704 Country

4. State/Country of Formation
FLORIDA U.S.A.

5. Date Organized or Qualified To Do Business in Florida
11/7/08

6. FEI Number
271821554
☐ 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
NEW YORK RESTAURANT OF APOPKA - RICHARD WILHELM
Street Address (P.O. Box Number is Not Acceptable)
600 E. MAIN ST
Suite, Apt. #, Etc.
City APOPKA State FL Zip Code 32703

300184669503
08/24/10--01003--027 **238.75

300184669503
08/24/10--01003--028 **5.00

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 8/11/10
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
MM	RICHARD WILHELM	600 E. MAIN ST	32703
	REINSTATEMENT - 10		

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 _____ Date 8/11/10 Daytime Phone # 407-886-6226

Typed or printed name of signing Managing Member/Manager _____

C.J.