

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000012402

**Entity Name:** HASTINGS CAFE LLC

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

224 N MAIN STREET  
HASTINGS, FL 32145

**New Principal Place of Business:**

**Current Mailing Address:**

224 N MAIN STREET  
HASTINGS, FL 32145

**New Mailing Address:**

P. O. BOX 330  
HASTINGS, FL 32145

**FEI Number:** 27-1817829

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

TICE, DEBRA L  
1165 COUNTY ROAD 204  
HASTINGS, FL 32145 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: DEBRA L. TICE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TICE, DEBRA L  
Address: 1165 COUNTY ROAD 204  
City-St-Zip: ST AUGUSTINE, FL 32145

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: DEBRA L. TICE

MGRM

04/26/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date