

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT
2013-2014



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 MAY 12 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L100000 73350

1. Limited Liability Company's Name

Southern Style Catering and Events

CR2E041 (1/14)

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

16281 Perdido Key Drive

Suite, Apt. #, etc.

804 West

City & State

Pensacola, FL

Zip Country
32507 USA

3. Mailing Office Address

25150 Canal Road

Suite, Apt. #, etc.

Suite C

City & State

Drause Beach, AL

Zip Country
36561 USA

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida

5/5/14

6. FEI Number

27-3023475

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
Jeremy Moore

Street Address (P.O. Box Number is Not Acceptable)
16281 Perdido Key Drive

Suite, Apt. #, Etc.
804 West

City
Pensacola

State Zip Code
FL 32507

500260067359

05/12/14--01003--005 **377.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 5/5/14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MEMBER	Jeremy Moore	16281 Perdido Key Drive 804 West	Pensacola, FL, 32507

11. E-mail Address: Jeremy@Coushalew.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of
Authorized Representative/Manager

Date 5/5/14

Daytime Phone # (850) 232-2307

Typed or printed name of signing Authorized Representative/Manager Jeremy Moore