

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2011 OCT 17 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10000094881

1. Limited Liability Company's Name

HTW FroYo LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
5100 PGA Blvd

Suite, Apt. #, etc.
109

City & State
Palm Beach Gardens, FL

Zip Country
33418 USA

3. Mailing Office Address
4678 Lakeside Ter

Suite, Apt. #, etc.

City & State
Davie, FL

Zip Country
33314 USA

4. State/Country of Formation
FL/USA

5. Date Organized or Qualified
To Do Business in Florida **9/23/2010**

6. FEI Number
27-3459044

☐ 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
Charles Lodowski

Street Address (P.O. Box Number is Not Acceptable)
4678 Lakeside Ter

Suite, Apt. #, Etc.

City State Zip Code
Davie FL 33314

E-mail Address:

300213386913
10/17/11--01062--005 **238.75

charles.lodowski@menchies.com
(To be used for future annual report notices)

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 **10/13/2011**

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 |
|--------|--------------------------------------|---|----------------------|
| MGRM | Charles Lodowski | 4678 Lakeside Ter | Davie, FL 33314 |
| MGRM | Mark Sabbota | 1201 NW 115th Ave | Plantation, FL 33323 |
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REINSTATEMENT

11. 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date **10/13/2011** Daytime Phone # **954-668-5767**

Typed or printed name of signing Managing Member/Manager **Charles Lodowski**