

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 OCT 28 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

HIBACHI GRILL OF FLORIDA CITY LLC

CR2E041 (1/11)

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

326 U.S. 1

3. Mailing Office Address

3363 SHERIDAN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 214

City & State

FLORIDA CITY, FL

City & State

HOLLYWOOD, FL

Zip

Country

33034

US

Zip

Country

33021

US

4. State/Country of Formation

FLORIDA/US

5. Date Organized or Qualified
To Do Business in Florida

06/01/2012

6. FEI Number

455419619

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

JOHNNY TANG

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

13100 SW 92 AVE

Suite, Apt. #, Etc.

APT 212

City

MIAMI

State

FL

Zip Code

33176

E-mail Address:

500253299265
10/28/13-01045-004 *\$238.75

RACHEL@JALACCOUNTING.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

REGISTERED AGENT MUST SIGN

Date

10/11/13

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	JOHNNY TANG	13100 SW 92 AVE APT 212	MIAMI/FL/33176
		OCT 29 2013	
		L. SELLERS	
		REINSTATEMENT 2013	

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 § 817.155, F.S.

Signature of Managing
Member/Manager

Date

10/11/13

Daytime Phone

3-5-88-7402

Typed or printed name of signing Managing Member/Manager: JOHNNY TANG