

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

20 APR 27 PM 3:10

DOCUMENT # L12000132098

1 Limited Liability Company's Name

MUSCLE MAKER GRILL TALLAHASSEE, LLC

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

675 West Jefferson St

Suite Apt #, etc

City & State

Tallahassee, FL

Zip

32304

Country

USA

3 Mailing Office Address

675 West Jefferson St

Suite Apt #, etc

City & State

Tallahassee, FL

Zip

32304

Country

USA

CR2EC41 (1/14)

4 State/Country of Formation

Florida/United States

5 Date Organized or Qualified
To Do Business in Florida

10/16/2012

6 FEI Number

46-1465216

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

Michael Settineri

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

1539 Belmont Trace

Apt # Etc

City

Tallahassee

State

FL

Zip Code

32301

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

Date **4-27-20**

REGISTERED AGENT MUST SIGN

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
AR	Michael Settineri	1539 Belmont Trace	Tallahassee, FL 32301
MGR	Nishan Kanagaraja	199 Mt Pleasant Ave	Rockaway, NJ 07866

APR 27 2020

11 E-mail Address **mmgtally@gmail.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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date **4-27-20**

Daytime Phone # **561-214-0684**

Typed or printed name of signing authorized representative/member

Michael Settineri