

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2016 DEC -9 AM 8:23

DOCUMENT # L1300092448

1. Limited Liability Company's Name

Chicago chicken and grill LLC

DEC - 9 2016

100293128311 L BERGER
12/09/16--01005--010 **238.75

CR2E041 (12/13)

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

1911 S Adams St

Suite, Apt. #, etc.

3. Mailing Office Address

1911 S Adams St

Suite, Apt. #, etc.

4. State/Country of Formation

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32301

Country

US

Zip

32301

Country

US

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☐ 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

Harold Bailey

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

1911 S Adams St

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

E-mail Address:

Chicago chicken and grill@yahoo.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 605, F.S.

Signature of
Registered Agent

[Signature]

Date 12/9/16

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	Harold Bailey	1911 S Adams St	Tallahassee FL 32301
MGR	Rashad Bailey	1911 S Adams St	Tallahassee FL 32301
REINSTATEMENT 2016			

11. I certify that I am an authorized person 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 requirements of Chapter 605, 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 Person

[Signature]

Date 12/9/16 Daytime Phone # 773 5035426

Typed or printed name of signing Authorized Person: