

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L13000094426

1. Limited Liability Company's Name
TOP DOG HOT DOG, LLC

2. Principal Office Address - No P.O. Box #
10600 109th Lane

Suite, Apt. #, etc.

City & State
Largo, FL

Zip Country
33778 USA

3. Mailing Office Address
10600 109th Lane

Suite, Apt. #, etc.

City & State
Largo, FL

Zip Country
33778 USA

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Apt. #, Etc.

City
Tallahassee

State Zip Code
FL 32301

9. I, being appointed the registered agent of the above named limited liability company, do hereby agree to and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Harry B. Davis
Asst. Vice President

Date

5/1/15

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
AMBR	Dion Fisher	10600 109th Lane	Largo, FL 33778

REINSTATEMENT

MAY 01 2015

R. HUNT

11. E-mail Address

(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

Dion Fisher

Date **4/29/15**

Daytime Phone # **8135269932**

Typed or printed name of signing authorized representative/member **Dion Fisher**

15 MAY -1 PM 4:47
SECRETARY OF STATE
DIVISION OF CORPORATIONS

700272509877

CR2E041 (1/14)

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 596390 8044544

AUTHORIZATION

COST LIMIT : \$ 377.50

ORDER DATE : April 20, 2015

ORDER TIME : 3:15 PM

ORDER NO. : 596390-010

CUSTOMER NO: 8044544

DOMESTIC FILINGS

NAME: TOP DOG HOT DOG, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen - Ext# 62974

EXAMINER'S INITIALS

MAY 01 2015

R. HUNT

RECEIVED
15 MAY -1 PM 4:18
DIVISION OF CORPORATIONS