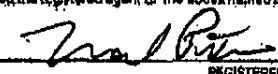
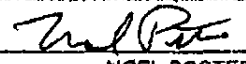


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15 DEC -8 PM 2:47

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L13000171436			
1. Limited Liability Company's Name JWP RESTAURANT LLC			
2. Principal Office Address - No P.O. Box # 2151 NO. FEDERAL HIGHWAY Suite, Apt. #, etc.		3. Mailing Office Address 2151 NO. FEDERAL HIGHWAY Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33431	Country USA	Zip 33431	Country USA
4. State/Country of Formation FLORIDA			
5. Date Organized or Qualified To Do Business in Florida 10/2/2014			
6. FEI Number		☒ Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☐		25.03 Additional Fee required for a certificate of status	
8. Name and Address of Current Registered Agent Name NOEL POSTERNAK Street Address (P.O. Box Number is NOT Acceptable) Suite 2151 NO. FEDERAL HIGHWAY Apt. #, etc. City BOCA RATON State FL Zip Code 33431			
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 DECEMBER 8, 2015 REGISTERED AGENT MUST SIGN Noel Posternak			
10. Names and Street Addresses of Authorized Representatives/Managers			
TITLE	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	ROBERT DELGAUDIO	2151 NO. FEDERAL HIGHWAY	BOCA RATON, FL 33431
AMBR	NOEL POSTERNAK	2151 NO. FEDERAL HIGHWAY	BOCA RATON, FL 33431
REINSTATEMENT			
11. E-mail Address: nposternak@pbl.com			
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. 817.144, F.S.			
Signature of authorized representative/member 		Date 12/8/15	Daytime Phone # 617-973-8144
Typed or printed name of signing authorized representative/member NOEL POSTERNAK			

CR2EDM (1/14)

500279859315

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 12/8/15

NAME: JWP RESTAURANT LLC

TYPE OF FILING: REINSTATEMENT

COST: 238.75

RETURN: PLAIN COPY PLEASE

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DEPARTMENT OF
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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge
