FILED

15 DEC -8 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

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 #	3. Mailing Office Address
2151 NO. FEDERAL HIGHWAY	2151 NO. FEDERAL HIGHWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33431 Country: USA	Zip: 33431 Country: USA

CR2E041 (1/14)

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 ☐ $5.00 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. #, Ste.

City: BOCA RATON State: FL Zip Code: 33431

500279859315

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. Name and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	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
(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 605.0112, 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: 12/8/15 Daytime Phone #: 617-973-6144

Typed or printed name of signing authorized representative/member: NOEL POSTERNAK

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**

RECEIVED
15 DEC -8 PM 2:14
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

ACCOUNT: **FCA000000015**

AUTHORIZATION: **ABBIE/PAUL HODGE** Abbie Hodge