

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 DEC 16 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L14000 102665

1. Limited Liability Company's Name

SADAI'S HAPPY HOUR CAFE, LLC

800293366278
12/16/16--01007--011 **238.75

CR2E041 (12/13)

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

4535 Pasture Ln

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

6/24/14

City & State

Tallahassee FL

City & State

Zip

Country

32311 Leon

Zip

Country

6. FEI Number

☒ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DECIDED ☐

\$5.00 Additional Fee required
Certificate of Status

8. Name and Address of Current Registered Agent

Name

Daisy Mays

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

4535 Pasture Ln

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32311

E-mail Address:

(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

Date

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
AMBR	DAISY B MAYS	4535 Pasture Ln	Tallahassee, FL, 32311
AMBR	SALEEM AHMAD	3308 WOOD BRIAN LN	Tallahassee, FL, 32303

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

Date

Daytime Phone #

T HENDERSON
DEC 16 2016

Typed or printed name of signing Authorized Person