

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

17 MAY -9 PM 3:37

DOCUMENT # L14000110519

1. Limited Liability Company's Name

509 Caribbean Cuisine LLC

100299873521
900299073219
05/10/17--01001--005 **377.50

CR2E041 (12/13)

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

2450 Springhill RD

Suite, Apt. #, etc.

Suite 4

City & State

Tallahassee FL

Zip

32305

Country

U.S.

3. Mailing Office Address

1112 S magnolia Dr

Suite, Apt. #, etc.

T104

City & State

Tallahassee, FL

Zip

32301

Country

U.S.

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

7-14-2014

6. FEI Number

47-1438513

☐ 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

Jason Eugene

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

1112 S magnolia Dr

Suite, Apt. #, Etc.

T104

City

Tallahassee

State

FL

Zip Code

32301

E-mail Address:

509cuisine@gmail.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

Date 5-9-2017

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	Pruden + Eugene	1112 S magnolia Dr T104	Tallahassee FL 32301
	REINSTATEMENT	RLH	
		2016-17	

MAY 9 2017

R. HUNT

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 5-9-17

Daytime Phone #

Typed or printed name of signing Authorized Person