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COVER LETTER

Division of Corporations	
SUBJECT: PESSERT FIRST BISTRA Name of Limited Liability Comp	o LLC
The enclosed Statement of Revocation of Dissolution for Florida Limited submitted for filing.	Liability Company and fee(s) are
Please return all correspondence concerning this matter to:	
SEBASTIAN SIKORA Contact Person	
DESSERT FIRST BISTROIL	LC
121 YACHT LUB DR. Address	
ST. AUGUSTINE FL 37084/ City, State and Zip Code	
DESSELT FIRST BISTED & GMAIL. (om E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
SEBASTIAN SIKORA at (904) Name of Contact Person Area Code	Daytime Telephone Number
Registration Section R Division of Corporations D Clifton Building P	IAILING ADDRESS: egistration Section vivision of Corporations O. Box 6327
2661 Executive Center Circle T	allahassee, FL 32314

Tallahassee, Florida 32301

STATEMENT OF REVOCATION OF DISSOLUTION FOR FLORIDA LIMITED LIABILITY COMPANY

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

١.	The name of the company is: DESSERT FIRST BISTRO, UC
2.	The document number of the company is \(\text{L16000113699} \)
3.	The effective date the Dissolution was filed is $\frac{7/20/18}{2}$
4.	The revocation of dissolution was authorized on 4/10/18
5.	A copy of the Articles of Dissolution is attached. Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00

Certifled Copy: \$30.00 (optional)

CR2E132 (10/15)