

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2:00:23 PM 3:04

DOCUMENT # L23000056444

1. Limited Liability Company's Name

Lucky Bar Holdings LLC

80043533328
08/26/24--01002--005 **263.75

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 4500 S. Pleasant Valley Rd Suite, Apt. #, etc. 105 City & State Austin, TX Zip 78744 Country USA		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	
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4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida 02-06-2023	
6. FEI Number 92-2214065	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent			
Name Capitol Corporate Services, Inc.			
Street Address (P.O. Box Number is Not Acceptable) Suite, 515 E. Park Avenue, 2nd FL			
Apt. #, Etc.			
City Tallahassee	State FL	Zip Code 32301	

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 Kim Tadlock Kim Tadlock, as Asst. Secretary Date 8/23/24
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
Manager	Casey T. Bates	4500 S. Pleasant Valley	Austin, TX 78744
Manager	Brady M. Bates	"	"
Manager	Mason V. Rose	"	"
Manager	Richard Clancy	"	"
Manager	Zach Kestenhorn	"	"

11. E-mail Address: tianna@thefiftybar.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 605.0012, 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. 817.155, F.S.

Signature of authorized representative/member Chuck Camacho Date 8/23/24 Daytime Phone # 805-428-3103

Typed or printed name of signing authorized representative/member
L. BROWN



Filing Cover Sheet

To: Florida Division of Corporations

From: LESLIE SELLERS C/O Capitol Services, Inc.

Date: 8/23/2024

Trans#: 1488294

Entity Name: LUCKY BAR HOLDINGS LLC – L23000056444 1

Articles of Organization ()

Amendment ()

Articles of Dissolution ()

Annual Report ()

Conversion ()

Fictitious Name ()

Foreign Qualification ()

Limited Liability ()

Limited Partnership ()

Merger ()

Reinstatement (XXX)

Withdrawal / Cancellation ()

Other ()

Partnership Registration ()

STATE FEES PREPAID WITH CHECK # 4107 FOR \$263.75 1

PLEASE RETURN:

Certified Copy () Plain Stamped Copy (XXX) 1

Good Standing () Certificate of Fact ()

RECEIVED
2024 AUG 23 PM 4:04
TALLAHASSEE, FLORIDA