

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 APR 24 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L96000000527

**1. Limited Liability Company's Name**

GASTRONOMIC HOLDING COMPANY, L.L.C.

**2. Principal Office Address**

505 South Flagler Drive

Suite, Apt. #, etc.

Suite 400

City & State

West Palm Beach, FL

Zip

33401

Country

U.S.A.

**3. Mailing Office Address**

505 S. Flagler Drive

Suite, Apt. #, etc.

Suite 400

City & State

West Palm Beach, FL

Zip

33401

Country

U.S.A.

**4. State/Country of Formation**

FL/U.S.A.

**5. Date Organized or Qualified**

To Do Business in Florida

05/10/1996

**6. FEI Number**

65-0744697

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

Christian N. Scholin

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

505 South Flagler Drive

Suite, Apt. #, Etc.

Suite 400

City

West Palm Beach

State

FL

Zip Code

33401

700003244987-1

-05/09/00-01100-004

\*\*\*\*300.00 \*\*\*\*300.00

**9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/18/00

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Sievala, Reino Kalevi	505 S. Flagler Drive Suite 400	West Palm Beach, FL 33401

REINSTATEMENT

97.00  
dec

**11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 section 608.406, 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.**

Signature of  
Managing Member/Manager

Date 4-13-00

Daytime Phone # 561-655-7711

Typed or printed name of signing Managing Member/Manager

Reino Kalevi Sievala

CR2E041 (9/99)