

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB 14 PM 3:18

DOCUMENT # C 98000 000876

1. Limited Liability Company's Name

The Sub Station
Deli & Grille Co. LLC

9/29/00

2. Principal Office Address

5211 Pine Tree Dr.
Suite, Apt. #, etc.

3. Mailing Office Address

Same
Suite, Apt. #, etc.

City & State

Ft. Pierce, FL

Zip Country

34982 St. Lucie

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

65-0107576

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 600005027086-1

Name

Mr. Jon C. Dadko

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

5211 Pinetree Dr.

Suite, Apt. #, Etc.

City

Ft. Pierce, FL

State

FL

Zip Code

34982

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

JCD

REGISTERED AGENT MUST SIGN

Date 1/10/02

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
Pres.	Jon C. Dadko	5211 Pinetree Dr	Ft. Pierce, FL 34982
V.P.	Michelle R. Dadko	5211 Pinetree Dr.	Ft. Pierce, FL 34982
			Rein 100.00
			00 50.00
			01 50.00
			02 50.00
			250.00
			2/26 up

REINSTATEMENT

2000-2002

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

JCD

Date

1/10/01

Daytime Phone # 561-201-0032

Typed or printed name of signing Managing Member/Manager

Jon C. Dadko