

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

01 FEB -8 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98-1072

1. Limited Liability Company's Name

L.I.R. 1, L.L.C
DBA The Serving Spoon

2. Principal Office Address

1825 S. Osprey Ave

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

34239

Country

USA

3. Mailing Office Address

1868 Boyce St

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

34239

Country

USA

4. State/Country of Formation

Florida/USA

**5. Date Organized or Qualified
To Do Business in Florida**

7-14-98

6. FEI Number

45-0849429

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

Natasha Menke

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

1868 Boyce St

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34239

600003742846-7

02/20/01 01044 1021
****200.00 ****200.00

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

Natasha Menke

REGISTERED AGENT MUST SIGN

Date 2/6/01

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
President	C. Craig Menke	1868 Boyce St	Sarasota FL 34239

REINSTATEMENT

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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

C. Craig Menke

Date 2-6-01

Daytime Phone # 941-366-1277

Typed or printed name of signing Managing Member/Manager

C. Craig Menke