

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 17 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 98000002485

1. Limited Liability Company's Name

ROADHOUSE GRILL PROPERTY, LLC

2. Principal Office Address

2703 A Gateway Drive

3. Mailing Office Address

2703 A Gateway Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach, Florida

City & State

Pompano Beach, Florida

Zip

33069

Country

USA

Zip

33069

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/29/98

6. FEI Number

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

Martin Woods

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

200 East Broward Blvd.

Suite, Apt. #, Etc.

SUITE 1900

City

Fort Lauderdale

0000255566030
12/17/03--01071--009

**255.00

State
FL

Zip Code

33301

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

Date 12/16/03

REGISTERED AGENT MUST SIGN

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
MGR CEO	Ayman Sabi	1440 South Ocean Blvd. 11B	Pompano Beach, FL 33062
MGR CFO	Mike Brant	14001 SW 31st Street	Davie, FL 33330
MGR COO	Mark Rogers	524 Starstone Drive	Lake Mary, FL 32746

REINSTATEMENT

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 chapter 608, 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 12/16/03

Daytime Phone #

954-957-2603

Typed or printed name of signing Managing Member/Manager

Ayman Sabi

CR2E041 (10/02)