

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 AUG 22 PM 4:27

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L99 000000 203

1. Limited Liability Company's Name

Sarasota Restaurant Equipment, LC

2. Principal Office Address

4487 Ashton Rd
Suite, Apt. #, etc.
C+D

City & State

Sarasota, FL

Zip
34233

Country
USA

3. Mailing Office Address

P.O. Box 825
Suite, Apt. #, etc.

City & State

Osprey, FL

Zip
34229

Country
USA

4. State/Country of Formation

Florida

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

1-11-99

6. FEI Number

1650886249

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

NORMAN TODD

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

P.O. Box 825 332 Bayshore Dr.

Suite, Apt. #, Etc.

City

Osprey

State

FL

Zip Code

34229

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

7/28/05

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
P	Norman W. Todd	P.O. Box 825	Osprey, FL 34229
M	Victoria Todd	P.O. Box 825	Osprey, FL 34229

REINSTATEMENT 2001-05

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

7/28/05

Daytime Phone #

941-915-1930

Typed or printed name of signing Managing Member/Manager

NORMAN W. TODD

CR2E041 (10/02)