

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 OCT 27 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L99000002724

1. Limited Liability Company's Name

Plant City Grille, LLC.

2. Principal Office Address

2212 James L. Redman Parkway

Suite, Apt. #, etc.

City & State

Plant City, Florida

Zip

33567

Country

USA

3. Mailing Office Address

2212 James L. Redman Parkway

Suite, Apt. #, etc.

City & State

Plant City, Florida

Zip

33567

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

5/10/99

6. FEI Number

59-3585649

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

Christopher H. Norman, Esq.

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

315 South Hyde Park Avenue

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33606

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 10/22/04

Christopher H. Norman

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	Jason Stone	2212 James L. Redman Parkway	Plant City, Florida 33567

400042248914  
10/27/04 01054 002 \*\*150.00

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 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

Daytime Phone # (813) 752-2700

Typed or printed name of signing Managing Member/Manager

Jason Stone

CR2E041 (10/02)