

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 JUN 13 PM 2:03

WR  
6/24

DOCUMENT # L99000003243

1. Limited Liability Company's Name

Dough Concepts, LLC

REINSTATEMENT 2000-2003

500020820845  
06/13/03--01040--004 \*\*305.00

2. Principal Office Address

21207 Via Fiore

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 880227

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33433

Country

USA

Zip

33488

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

5/28/99

6. FEI Number

05-0922576

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

Holly Sjo

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

21207 Via Fiore

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33433

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

Holly Sjo

REGISTERED AGENT MUST SIGN

Date

6/12/03

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
MGRM	Holly Sjo	21207 Via Fiore	Boca Raton, FL 33433
REINSTATEMENT		2000- 2003	

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

Holly Sjo

Date

6/12/03

Daytime Phone#

(781) 964-9367

Typed or printed name of signing Managing Member/Manager

Holly Sjo

CR2E041 (10/02)