

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

07 JUL 27 PM 2:06

DOCUMENT # **L99-4822**

1. Limited Liability Company's Name

My F Hospitality, L.L.C.

900106977479
07/31/07--01022--004 **105.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

401 Biscayne Blvd.

3. Mailing Office Address

3239 W. Trade Ave.

Suite, Apt. #, etc.

B-1

Suite, Apt. #, etc.

#9

City & State

Miami, FL

City & State

Coconut Grove, FL

Zip

33133

Country

USA-Dade

Zip

33133

Country

Dade

4. State/Country of Formation

Florida - Dade

5. Date Organized or Qualified
To Do Business in Florida

8/4/99

6. FEI Number

651126068

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

Michael Dudic

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

3239 W. Trade Ave

Suite, Apt. #, Etc.

#9

City

Coconut Grove

State

FL

Zip Code

33133

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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 **6/6/07**

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
Pics.	Michael Dudic	3239 W. Trade Ave #9	Coconut Grove, FL 33133

REINSTATEMENT 06-07

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 **6/6/07**

Daytime Phone # **305-442-9784**

Typed or printed name of signing Managing Member/Manager