

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -8 PM 1:02

DOCUMENT # L99000006326

1. Limited Liability Company's Name

BONEFISH GRILL, LLC

2. Principal Office Address

2946 HADLEIGH

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip

34621

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA - PINELLAS

5. Date Organized or Qualified
To Do Business in Florida

10-4-99

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

WILLIAM L. PARKER

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

5811 APOLLO ST.

Suite, Apt. #, Etc.

City

ZEPHYRHILLS, FL

State

FL

Zip Code

33541

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

W. Parker
REGISTERED AGENT MUST SIGN

Date

11-5-00

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
M	CHRISTOPHER L. PARKER	184 97 TH AV., N.E.	ST. PETERSBURG, FL 33702
M	TIMOTHY V. CURCI	2946 HADLEIGH	CLEARWATER, FL 34621

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

Christopher L. Parker

Date 10/31/00

Daytime Phone #

727 521 3434

Typed or printed name of signing Managing Member/Manager

CHRISTOPHER L. PARKER

CR2E041 (9/00)