

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  
NOV 14 AM 11:05

**DOCUMENT #** L99000007717

**1. Limited Liability Company's Name**

La Table, L.L.C.  
10814 Front Beach Rd.  
Panama City Beach, Fl. 32407

**2. Principal Office Address**

10814 Front Beach Rd.

Suite, Apt. #, etc.

**3. Mailing Office Address**

10814 Front Beach Rd.

Suite, Apt. #, etc.

**City & State**

Panama City Beach, Fl.

**City & State**

Panama City Beach, Fl. 32407

**Zip**

32407

**Country**

Bay

**Zip**

32407

**Country**

Bay

**4. State/Country of Formation**

Florida

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

11/12/99

**FBI 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**

Vanzeueren, Guy

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

10814 Front Beach Rd.

Suite, Apt. #, Etc.

**City**

Panama City Beach

**State**

FL

**Zip Code**

32407

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 11/7/00

**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
P	Vanzeueren, Guy	10814 Front Beach Rd	Panama City Beach, Fl. 32407
S	Vanzeueren, Theresa	10814 Front Beach Rd.	Panama City Beach, Fl. 32407

**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

*[Signature]*

Date 10/25/00

Daytime Phone # 850-236-0600

Typed or printed name of signing Managing Member/Manager

Guy Vanzeueren

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