

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**

00 NOV 28 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 2000**

**DOCUMENT # 699000008673**

1. Limited Liability Company's Name

*The Bahamian Kitchen, L.L.C.*

2. Principal Office Address

*8991 NW 53rd St.*

Suite, Apt. #, etc.

3. Mailing Office Address

*"Same"*

Suite, Apt. #, etc.

City & State

*Sunrise, FL*

City & State

Zip

*33351*

Country

*USA*

Zip

Country

4. State/Country of Formation

*FL.*

5. Date Organized or Qualified  
To Do Business in Florida

*12-9-99*

6. FEI Number

*65-0967499*

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

*Robert Patton*

*800003492318-7*

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

*8991 NW 53rd St.*

*-12/11/00-01001-008*

*\*\*\*\*150.00 \*\*\*\*150.00*

Suite, Apt. #, Etc.

City

*Sunrise*

State

*FL*

Zip Code

*33351*

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

*Patton*

Date

*10-23-00*

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
<i>Managing Member</i>	<i>Robert Patton</i>	<i>8991 NW 53rd St.</i>	<i>Sunrise, FL 33351</i>

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

*Patton*

Date *10-18-00*

Daytime Phone #

*954-578-0226*

Typed or printed name of signing Managing Member/Manager

*Robert Patton*

CR2E0419/00