

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**

01 NOV -2 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000008673

1. Limited Liability Company's Name THE BAHAMIAN KITCHEN

2. Principal Office Address

8991 NW 53 ST.

Suite, Apt. #, etc.

City & State

SUNRISE, FL.

Zip

33351

Country

USA

3. Mailing Office Address

8991 NW 53 ST.

Suite, Apt. #, etc.

City & State

SUNRISE, FL.

Zip

33351

Country

USA

**REINSTATEMENT 2001**

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

1999

6. FEI Number

650967499

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

900004686119-2

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

8991 NW 53 ST. SUNRISE, FL.

-11/16/01-01094-027

\*\*\*\*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

R. Patton

Date 10.30.01

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
<u>MGR.</u> <u>DIR.</u>	<u>SHENIQUE BUTLER</u>	<u>8991 NW 53 St.</u>	<u>SUNRISE, FL 33351</u>

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

Shenique Butler

Date 10.30.01

Daytime Phone # (954) 888-9312

Typed or printed name of signing Managing Member/Manager

SHENIQUE BUTLER

CR2E041 (9/01)