

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 15 PM 4:11

DOCUMENT # L 9900000 8952

1. Limited Liability Company's Name

Cafe Maxx, LLC

300032986663
04/15/04--01055--006 **208.75

2. Principal Office Address

2601 E Atlantic Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

2611 E Atlantic Blvd

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33062

Country

USA

City & State

Pompano Beach, FL

Zip

33062

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida

12.15.99

6. FEI Number

65-0933510

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

Darrel Broek

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

2611 E Atlantic Blvd

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33062

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

Darrel Broek

Date 4.13.04

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
MGRM	Broek, Darrel	2611 E Atlantic Blvd	Pompano Beach, FL 33062
MGRM	Saucy, Oliver	2611 E Atlantic Blvd	Pompano Beach, FL 33062
MGRM	Respinto, Gianni	2611 E Atlantic Blvd	Pompano Beach, FL 33062
MGRM	Batto, Nikolai	10619 W Atlantic Blvd, #118	Coral Springs, FL 33071

REINSTATEMENT 03-04 sus

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

Darrel Broek

Date 4.13.04

Daytime Phone (954) 782-0606

Typed or printed name of signing Managing Member/Manager

Darrel Broek

CR2E041 (10/02)