

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

M0000000610

03 MAR 14 PM 4:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

1. DOCUMENT # M0000000610

Name and Mailing Address

0004254 01 FP 0.352 **PRSR T3 0 0615 33432-393744

MAR RESTAURANTS ASSOCIATES LLC
344 PLAZA REAL
BOCA RATON FL 33432-3937

600014068876
03/14/03--01004--013 **50.00

600014068876
03/14/03--01004--012 **150.00



2/14 2002-2003

2. New Mailing Address

City, State, Zip

Principal Place of Business

344 PLAZA REAL
BOCA RATON FL 33432

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

DE

5. Date Organized or Qualified To Do Business in Florida

03/30/2000

6. FEI Number

05-0997891

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

Deborah D. Skipper

Deborah D. Skipper
Asst. V. Pres

Date 1-20-03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|----------|-----------------------------------|--|---------------------|
| MGRM | FREUNDLICH, MICHAEL | 344 PLAZA REAL | BOCA RATON FL 33432 |
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12. 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

Michael Freundlich

Date

11/21/02

Daytime Phone #

(561)393-6275

Michael Freundlich

CR2E084 (8/02)