M00000000954

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 17 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M 00000000954

1. Limited Liability Company's Name
Zaxby's Holdings, LLC

2. Principal Office Address		**3.** Mailing Office Address	
1040 Founder's Boulevard		1040 Founder's Boulevard	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
100		100	
City & State		City & State	
Athens, Georgia		Athens, Georgia	
Zip	Country	Zip	Country
30606	USA	30606	USA

4. State/Country of Formation
Georgia

5. Date Organized or Qualified To Do Business in Florida 05/15/2000

6. FEI Number 582239979 ☐ 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: CT Corporation System

300025562243
12/17/03--01062--004 **255.00

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

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: Rachel T Hayes RACHEL T. HAYES ASSISTANT SECRETARY Date: 12/8/03
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	Zachary W. McLeroy	1040 Founder's Boulevard, Suite 100	Athens, Georgia 30606
MGRM	Tony D. Townley	1040 Founder's Boulevard, Suite 100	Athens, Georgia 30606

2001-2003

REINSTATEMENT M THOMAS

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: Date 12-04-03 Daytime Phone # (706) 433-2200

Typed or printed name of signing Managing Member/Manager: Tony D. Townley, Member