

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

02 MAR 14 PM 4:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** M00000000997

**1. Limited Liability Company's Name**

SUNSET BISTRO, LLC

**2. Principal Office Address**

c/o CoCo Bistro

Suite, Apt. #, etc.

1215 Duval Street

City & State

Key West, FL

Zip

33040

Country

Monroe

**3. Mailing Office Address**

c/o CoCo Bistro

Suite, Apt. #, etc.

1215 Duval Street

City & State

Key West, FL

Zip

33040

Country

Monroe

**4. State/Country of Formation**

Virginia

**5. Date Organized or Qualified  
To Do Business in Florida**

5/25/00

**6. FEI Number**

541977620

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

John D. Hatch, Esq.

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

840 S.E. 5th Street

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34471

600005171758--3  
-03/27/02-01048-011  
\*\*\*\*200.00 \*\*\*\*200.00

**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

REGISTERED AGENT MUST SIGN

Date 3-12-02

**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
Ms.	Anne Devoe	1215 Duval Street	Key West, FL 33040
Ms.	Marie J. Demachy	1215 Duval Street	Key West, FL 33040
Ms.	Simone F. Demachy	1215 Duval Street	Key West, FL 33040

**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 03/04/02 Daytime Phone# 305-294-2727

Typed or printed name of signing Managing Member/Manager

MARIE DEMACHY

CR2E041 (9/01)