

MO00000001229

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Division of Corporations
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LIMITED LIABILITY REINSTATEMENT**SPECIALTY RESTAURANT GROUP, LLC**

Certificate of Status	0
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Page Count	02
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T. HAMPTON

MAY - 6 2009

EXAMINER



May 5, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SPECIALTY RESTAURANT GROUP, LLC
150 WEST CHURCH AVENUE
MARYVILLE, TN 37801

SUBJECT: SPECIALTY RESTAURANT GROUP, LLC
REF: M00000001229

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

If you have any further questions concerning your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H09000113485
Letter Number: 509A00015056

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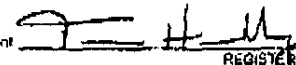
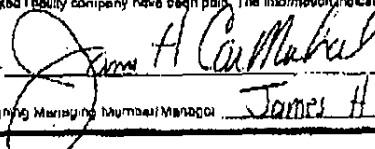
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																													
DOCUMENT # M000000001229 1. Limited Liability Company's Name Specialty Restaurant Group LLC																															
2. Principal Office Address - No P.O. Box # 340 South Washington Street Suite, Apt. #, etc.		3. Mailing Office Address 340 South Washington Street Suite, Apt. #, etc.																													
City & State Maryville TN Zip 37804		City & State Maryville TN Zip 37804																													
Country Blount		Country Blount																													
4. State/Country of Formation Delaware																															
5. Date Organized or Qualified To Do Business in Florida 05/23/2000																															
6. FEI Number 364372321 ☐ Applied For ☐ Not Applicable																															
7. CERTIFICATE OF STATUS DESIRED ☐ \$500 Additional Fee required for a Certificate of Status																															
8. Name and Address of Current Registered Agent Name: CT Corporation System 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 606, F.S. Signature of Registered Agent:  Terence Hardley Asst. Secretary Date: 05/01/2009 REGISTERED AGENT MUST SIGN																															
10. Names and Street Addresses of Managing Members/Managers <table border="1"> <thead> <tr> <th>Titles</th> <th>Names of Managing Members/Managers</th> <th>Street Address of Each Managing Member/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>Mgr</td> <td>James H Carmichael</td> <td>340 South Washington Street</td> <td>Maryville TN 37804</td> </tr> <tr> <td>Mgr</td> <td>Martin L Ambrose</td> <td>340 South Washington Street</td> <td>Maryville TN 37804</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Titles	Names of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	Mgr	James H Carmichael	340 South Washington Street	Maryville TN 37804	Mgr	Martin L Ambrose	340 South Washington Street	Maryville TN 37804																
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Mgr	Martin L Ambrose	340 South Washington Street	Maryville TN 37804																												
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 808.406, 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: April 30, 2009 Daytime Phone #: 865-273-1344 Typed or printed name of signing Managing Member/Manager: James H Carmichael																															