M00000001229

Florida Department of State
Division of Corporations
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RE-SUBMIT
Please retain original filing date of submission 5/4

LIMITED LIABILITY REINSTATEMENT

SPECIALTY RESTAURANT GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$516.25~~ $416.25

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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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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M00000001229

1. Limited Liability Company's Name
Specialty Restaurant Group LLC

CR2E041 (10/06)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
340 South Washington Street	340 South Washington Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Maryville TN	City & State: Maryville TN
Zip: 37804 County: Blount	Zip: 37804 County: Blount

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 06/23/2000

6. FEI Number: 364372321 ☐ 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

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

Suite, Apt. #, Etc.:

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

☒ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Terence Hardley Asst. Secretary — REGISTERED AGENT MUST SIGN — Date: 05/01/2009

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
Mgr	James H CarMichael	340 South Washington Street	Maryville TN 37804
Mgr	Martin L Armbruster	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 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 608.408, 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: James H CarMichael — Date: April 30 2009 — Daytime Phone #: 865-273-1394

Typed or printed name of signing Managing Member/Manager: James H CarMichael

FL118 - 10/06/2006 CT System Online