

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 NOV 10 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M01000000901

1. Limited Liability Company's Name

Moe's Southwest Grill, LLC

800042632268
11/10/04--01027--014 **205.00

2. Principal Office Address 2915 Peachtree Road		3. Mailing Office Address 2915 Peachtree Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Atlanta, GA 30305		City & State Atlanta, GA 30305	
Zip 30305	Country USA	Zip 30305	Country USA

4. State/Country of Formation Georgia	
5. Date Organized or Qualified To Do Business in Florida 04/24/2001	
6. FEI Number 58-2555585	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name C T 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 608, F.S.

Signature of
Registered Agent

Barbara A. Burke

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

Date *11-8-04*

REGISTERED AGENT MUST SIGN

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	Martin Sprock	2915 Peachtree Road	Atlanta, GA 30305

REINSTATEMENT

03-04
QR

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

H. Martin Sprock
H. Martin Sprock

Date *10-28-04*

Daytime Phone# *404-844-8335*

404-844

Typed or printed name of signing Managing Member/Manager

H. Martin Sprock, Member/Manager

CR2E041 (10/02)