

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR -7 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *M02000001113*

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

Hooters of Lakeland, LLC

800032110698  
04/07/04--01065--002 \*\*200.00

**2. Principal Office Address**

3437 South Florida Avenue

Suite, Apt. #, etc.

**City & State**

Lakeland, Florida

Zip

33803

Country

**3. Mailing Office Address**

1815 The Exchange

Suite, Apt. #, etc.

**City & State**

Atlanta, Georgia

Zip

30339

Country

**4. State/Country of Formation**  
Georgia

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

**6. FEI Number**

010657726

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**

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

*Joan Bolden*

**JOAN BOLDEN**

REGISTERED AGENT MUST SIGN **ASSISTANT SECRETARY**

Date *3/2/04*

**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
Member/ Manager	Hooters of America, Inc.	1815 The Exchange	Atlanta, Georgia 30339

**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

*Coby G. Brooks*

Date *3-1-04*

Daytime Phone # *770-951-2040*

Typed or printed name of signing Managing Member/Manager *Coby G. Brooks President of Hooters of America, Inc.*