


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M02000002897

1. Entity Name
RITTER'S OF FLORIDA FRANCHISING, LLC



Principal Place of Business
**81 HANCOCK BRIDGE PKWY
CAPE CORAL, FL 33991 US**

Mailing Address
**P.O. BOX 150938
CAPE CORAL, FL 33915 US**

2005 APR -6 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03022005 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business
16136 Cutters Ct.

3. Mailing Address
16136 Cutters Ct.

Suite, Apt. #, etc.

City & State
Ft Myers FL

City & State
Ft Myers FL

Zip
33908

Country
USA

Zip
33908

Country
USA

4. FEI Number
35-2144421

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**STEHLE, GARY E
81 HANCOCK BRIDGE PKWY
CAPE CORAL, FL 33991**

7. Name and Address of New Registered Agent

Name
Gary E. Stehle

Street Address (P.O. Box Number is Not Acceptable)
16136 Cutters Ct.

City
Ft Myers

FL

Zip Code
33908

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gary E. Stehle* DATE 3/21/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$200.00

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|--|--|---------------------------------|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM STEHLE, GARY E 81 HANCOCK BRIDGE PKWY CAPE CORAL, FL 33915 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Gary E. Stehle 16136 Cutters Ct Ft Myers FL 33908 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 500053926215 05/05/05--01066--014 **200.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | REINSTATEMENT 04-05 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>OK</i> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Gary E. Stehle* DATE 3/21/05 DAYTIME PHONE # 239-822-6864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE