

\*PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV 24 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **M030000002939**

1. Limited Liability Company's Name

**CUSA EE, LLC**

100043001991

11/24

2. Principal Office Address

**5430 LBJ Freeway**

Suite, Apt. #, etc.

**3 Lincoln Center, Ste 1075**

City & State

**Dallas, TX**

Zip

**75240**

Country

**USA**

3. Mailing Office Address

**5430 LBJ Freeway**

Suite, Apt. #, etc.

**3 Lincoln Center, Ste 1075**

City & State

**Dallas, TX**

Zip

**75240**

Country

**USA**

4. State/Country of Formation

**Delaware**

5. Date Organized or Qualified  
To Do Business in Florida

**9/5/03**

6. FEI Number

**20-0151982**

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

**CORPORATION SERVICE COMPANY**

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

**1201 Hays Street**

Suite, Apt. #, Etc.

City

**Tallahassee**

State

**FL**

Zip Code

**32301-2525**

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

REGISTERED AGENT MUST SIGN

Date

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
Manager	Craig Lentzsch	5430 LBJ Freeway 3 Lincoln Center, Ste 1075	Dallas, Tx 75240
Manager	Greg Rogers	5430 LBJ Freeway 3 Lincoln Center, Ste 1075	Dallas, Tx 75240

**REINSTATEMENT 8004**

100042999041

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

*Craig Lentzsch*

Date

**11/22/04**

Daytime Phone #

**972-354-3516**

Typed or printed name of signing Managing Member/Manager

**CRAIG LENTZSCH**

CR2E041 (10/02)

Reinstatement w/o penalty

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

11/24

OFFICE USE ONLY

MJH, J

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. DIEGO'S BISTRO, LLC L 00000010689  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input checked="" type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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TALLAHASSEE FLORIDA

Examiner's Initials