

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 08 OCT 28 PM 12:57
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M04000000923

1. Limited Liability Company's Name

Piccadilly Restaurants, LLC

2. Principal Office Address - No P.O. Box #

3232 S Sherwood Forest Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

3232 S Sherwood Forest Blvd

Suite, Apt. #, etc.

City & State

Baton Rouge, LA

City & State

Baton Rouge, LA

Zip

70816

Country

USA

Zip

70816

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified

To Do Business in Florida 03-09-2004

6. FEI Number

61-14670003

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

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

Barbara A. Duke

Barbara A. Duke
 Special Assistant Secretary

Date

10-22-08

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	Piccadilly Investments, LLC	3232 S Sherwood Forest Blvd	Baton Rouge, LA 70821

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 10/02/08--01040--008 **238.75

REINSTATEMENT
 2008

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

James K. Ortis

Date

9/29/08

Daytime Phone #

775-293-9440

Typed or printed name of signing Managing Member/Manager

James K. Ortis