									15497
PLEASE READ ALL INSTRUCTIONS BEFORE C LIMITED LIABILITY COMPANY REINSTATEMENT							OMPLETING THIS FORM. FILED 09 OCT 14 AM 10: 10		
DOCL 1. Limited		Γ # M04000( pany's Name Restaurants, L				0		SECRETARY OF TALLAHASSFE.T	STATE FLORIDA
	ess - No P.O. Box #	Office Address			CR2E041 (10/08)				
3232 S		d Forest Blvd	3232 S Sherwood Forest Blvd Suite, Apt. #, etc.			st Blvd	4. State/Country of Formation Delaware		
						5. Date Organized or Qualified To Do Business in Florida 03-09-2004			
City & State Baton Rouge, LA			City & Statu Baton Rouge, LA				6. FEI Number 61-14670003		
<sup>Zip</sup> 70816			Zip 70816		Coun	try	7.		Not Applicable dditional Fee required Certificate of Status
8. Name and Address of Current Registered Agent									
Name C T Corporation Syestem							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		
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Rd									
Suite, Apt. #, Etc.									
<sup>City</sup> Plantatio		State Zip Code			reinstatement be waived.				
9. I, being	appointed th	e registered agent of the a	bove named limite	ed liability cor	npany,	am familiar with and	accept the obligat	tions of Chapter 608, F.S.	
Signature o Registered								Date	
-			REGISTERED AC		SIGN		····		
	es and Street	Addresses of Managing M Name of	embers/Managers	s 		treet Address of Eac		[	
Titles	Titles Managing Members/ Managers			Managing Member/Mana				City / State / Zip	
MGRM	RM Piccadilly Investments, LLC			3232 S Sherwood Forest Bl				Baton Rouge, LA 70821	
·						· ••• ·			
	S. HAWKES					<u>سجر</u>	101616984	45	
REI	NST		***	00	11	5 2009	107 17	, Wazz-0105500063	<del>™138.75</del>
EMENT EXA					KAMINER				
	<u>9-09</u>								
		_							
filing t all fee as if r	his reinstaten is owed by the nade under o	nent application the reason is limited liability company h	for dissolution has	s been elimini	ated, th	e limited liability com led on this application	pany name satisfients true and accurate	ad for in chapter 608, F.S. I further as the requirements of section 608. ate, and my signature shall have th	406, F.S., and that e same legal effect
	Member/Man		~{}~	<b>×</b>		Date <u>[0</u>	108/2009 1	Daytime Phone # <u>245-296</u>	-8371
typed or p	nated name o	of signing Managing Memb	en manager						