M04000002396

APR-18-2005 MON 04:27 PM GULF COAST TITLE PARTNER FAX NO. 8500026847 P. 01

Division of Corporations Page 1 of 1

# Florida Department of State
## Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : BEGGS & LANE
Account Number : I20020000155
Phone : (850)432-2451
Fax Number : (850)469-3331

FILED
05 APR 18 AM 10:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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DIVISION OF CORPORATION

## LIMITED LIABILITY REINSTATEMENT

**PENSACOLA BYB, LLC**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | ~~$125.00~~ 150.00 |

04/20/05

Electronic Filing Menu Corporate Filing Public Access Help

APR-15-2005 FRI 03:12 PM GULF COAST TITLE PARTNER FAX NO. 8502026947 P. 02/02

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**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

**LIMITED LIABILITY COMPANY REINSTATEMENT**

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

**DOCUMENT # M04000002396**

1. Limited Liability Company's Name
PENSACOLA BYB, LLC

REINSTATEMENT 2005

| 2. Principal Office Address | | 3. Mailing Office Address | |
|---|---|---|---|
| 5550 S. LEWIS | | 5550 S. LEWIS | |
| Suite, Apt. #, etc. SUITE 301 | | Suite, Apt. #, etc. SUITE 301 | |
| City & State TULSA, OKLAHOMA | | City & State TULSA, OKLAHOMA | |
| Zip 74105 | Country USA | Zip 74105 | Country USA |

4. State/Country of Formation OKLAHOMA

5. Date Organized or Qualified To Do Business in Florida 06/18/2004

6. FEI Number ☐ Applied For ☑ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

Name: WILLIAM H. MITCHEM

Street Address (P.O. Box Number is Not Acceptable): BEGGS & LANE, RLLP

Suite, Apt. #, Etc.: 501 COMMENDENCIA STREET

City: PENSACOLA | State: FL | Zip Code: 32502

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: _____ Date: 4/18/05

REGISTERED AGENT MUST SIGN

CR2E041 (01/02)

10. Names and Street Addresses of Managing Members/Managers

| Title | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|---|---|---|---|
| MGR | KMO RESTAURANT VENTURE I, LLC | 5550 S. LEWIS, SUITE 301 | TULSA, OKLAHOMA 74105 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 2005

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: KMO Restaurant Ventures I, LLC By: _____ Date: 4/15/05 Daytime Phone # 918-743-3456

Managing Member

Typed or printed name of signing Managing Member/Manager: Greg D. Owens