

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 31 PM 4:43

DOCUMENT # M04000003257

1. Limited Liability Company's Name

Kingfish Grill, LLC

CR2E041 (8/05)

2. Principal Office Address

130 Wentworth Rd.

3. Mailing Office Address

130 Wentworth Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Rye, NH

City & State

Rye, NH

Zip

03870

Country

USA

Zip

03870

Country

USA

4. State/Country of Formation

New Hampshire/USA

5. Date Organized or Qualified
To Do Business in Florida

08/13/04

6. FEI Number

51-0006522

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

CT Corporation System

000081391720

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

1200 South Pine Island Rd.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Traci Houck

TRACI HOUCK
SPECIAL ASSISTANT SECRETARY

Date 10/23/06

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
Mgr	Paul S. Mackey	130 Wentworth Rd.	Rye, NH 03870

REINSTATEMENT 2005-06

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

Paul S. Mackey

Date 10/15/06

Daytime Phone # 603-436-6500

Typed or printed name of signing Managing Member/Manager Paul S. Mackey