

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUL -8 AM 6:48

DOCUMENT # M05000001242

1. Limited Liability Company's Name

Lenny's Franchisor, LLC

300156995043
06/10/09--01074--019 **516.25

CR2E041 (10/08)

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

8295 Tournament Drive

3. Mailing Office Address

8295 Tournament Drive

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Memphis, Tennessee

City & State

Memphis, Tennessee

Zip

38125

Country

USA

Zip

38125

Country

USA

4. State/Country of Formation

Tennessee/USA

5. Date Organized or Qualified
To Do Business in Florida

03/07/2005

6. FEI Number
20-1441946

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
Registered Agent Solutions, Inc.

Street Address (P.O. Box Number is Not Acceptable)
155 Office Plaza Drive

Suite, Apt. #, Etc.
Suite A

City
Tallahassee

State
FL

Zip Code
32301

☒ 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

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
MGRM	Alvord, George	Same as Principle Office Address	Memphis, Tennessee 38125
MGRM	Alvord, Brent	Same as Principle Office Address	Memphis, Tennessee 38125
MGRM	Jacobson, Carl	Same as Principle Office Address	Memphis, Tennessee 38125

REINSTATEMENT

2006-09 Jan

300156995043
07/08/09--01037--009 **138.75

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

Date


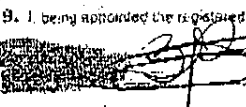
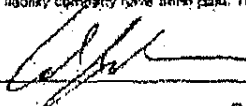
6/6/09

Daytime Phone #

901 753 4002

Typed or printed name of signing Managing Member/Manager Carl Jacobson

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>MD5000001242</u>			
1. Limited Liability Company's Name <div style="display: flex; justify-content: space-between;"> Lenny's Franchisor, LLC 300156995043 06/10/08-01074-019 \$516.25 </div>			
2. Principal Office Address - No P.O. Box # 8295 Tournament Drive Suite, Apt. #, etc. Suite 200 City & State Memphis, Tennessee Zip 38125		3. Mailing Office Address 8295 Tournament Drive Suite, Apt. #, etc. Suite 200 City & State Memphis, Tennessee Zip 38125	
4. State/Country of Formation Tennessee/USA		5. Date Organized or Qualified to Do Business in Florida 03/07/2005	
6. FBI Number 20-1441946		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED: <input type="checkbox"/> \$500 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent Name Registered Agent Solutions, Inc. Street Address (P.O. Box Number is Not Acceptable) 155 Office Plaza Drive Suite, Apt. #, Etc. Suite A City Tallahassee			
<div style="display: flex; justify-content: flex-end;"> <input checked="" type="checkbox"/> 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. </div>			
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. <div style="display: flex; justify-content: space-between; align-items: center;">  <div> Sean Hewitt Asst. Secretary REGISTERED AGENT MUST SIGN </div> <div> Date <u>7-6-09</u> </div> </div>			
10. Names and Street Addresses of Managing Member/Managers			
Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Alvord, George	Same as Principle Office Address	Memphis, Tennessee 38125
MGRM	Alvord, Brent	Same as Principle Office Address	Memphis, Tennessee 38125
MGRM	Jacobson, Carl	Same as Principle Office Address	Memphis, Tennessee 38125
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 609.406, 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  Date <u>6/6/09</u> Daytime Phone # <u>901 753 4002</u>			
Typed or printed name of signing Managing Member/Manager: <u>Carl Jacobson</u>			



NORA E. SAKABA
nsakaba@pcplc.com

July 7, 2009

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Filed Lenny's Franchisor, LLC – Limited Liability Company Reinstatement

Dear Sir/Madam:

Per your letter dated June 18, 2009, enclosed you will find the following documents to be filed with your office:

- Check in the amount of \$138.75, made payable to Florida Department of State;
- Letter from Florida Department of State dated June 18, 2009; and
- Limited Liability Company Reinstatement for Lenny's Franchisor, LLC.

Please file same return to me in the enclosed return FedEx envelop. Thank you.

Sincerely,

PIETRANGELO COOK PLC

Nora E. Sakaba

Enclosures