## • ... PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. SECRETARY DIVISION OF LOT LIMITED L'ABILITY FLORIDA DEPARTMENT OF STATE **COMPANY** Secretary of State 09 JUL -8 AM 6: 48 REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # M0500001242 1. Limited Liability Company's Name **30015699504**3 06/10/09--01074--019 \*\*\$16.25 Lenny's Franchisor, LLC + CR2E041 (10/08) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 8295 Tournament Drive 8295 Tournament Drive 4. State/Country of Formation Tennessee/USA Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Date Organized or Qualified Suite 200 Suite 200 To Do Business in Florida 03/07/2005 City & State City & State Applied For 6. FEI Numbe Memphis, Tennessee Memphis, Tennessee 20-1441946 Not Applicable Zip Country Ζφ 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required 38125 38125 USA USA for a Certificate of Status 8. Name and Address of Current Registered Agent A \$100 reinstatement fee is imposed, except Registered Agent Solutions, Inc. , in circumstances which the entity did not Street Address (P.O. Box Number is Not Acceptable) receive the prior notices. By checking this 155 Office Plaza Drive box, you are certifying the prior notices were Suite, Ant. #. Etc. not received and requesting the \$100 Suite A reinstatement be waived. City Zip Code Tallahassee 32301 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. Şignature of Registered Agent, Date REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of Titles City / State / Zip Managing Members/Managers MGRM I Alvord, George Memphis, Tennessee 38125 Same as Principle Office Address MGRM Alvord, Brent Same as Principle Office Address Memphis, Tennessee 38125 MGRM Jacobson, Carl Same as Principle Office Address Memphis, Tennessee 38125 REINSTATEMENT 2000-09 Jem 3**0015699504**3 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

Carl Jacobson

Date 6/6/09 Daytime Phone# 90/ 753 400 Z

as if made under oath.

Typed or printed name of signing Managing Member/Manager

Managing Member/Manager

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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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

Enclosures