

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

M98000000864

APPLICATION
FOR
REINSTATEMENT



Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 14 PM 4:34

1. DOCUMENT # M98000000864
Name and Mailing Address

0004283 01 FP 0.352 **PRSRT T3 0 0615 33432-393744
LET'S EAT LLC
344 PLAZA REAL
BOCA RATON FL 33432-3937

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

300014068983
03/14/03--01004--017 **150.00
300014068983
03/14/03--01004--016 **50.00



3/14 2002-2003

2. New Mailing Address		4. State/Country of Formation DE	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/10/1998	
Principal Place of Business 344 PLAZA REAL BOCA RATON FL 33432	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 58-2406982	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE FL 32301-0000	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	--

10. 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 Cynthia A. Hicks Date 1-21-03
REGISTERED AGENT MUST SIGN Cynthia A. Hicks, Asst. Sec.

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	FREUNDLICH, MICHAEL	415 MADISON AVENUE	NEW YORK NY 10017
		344 Plaza Real	Boca Raton, Fl. 33432

12. 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 Michael Freundlich Date 11/21/02 Daytime Phone # (561) 393-6275

Typed or printed name of signing Managing Member/Manager Michael Freundlich

CR2E084 (9/02)