

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



Secretary of State  
DIVISION OF CORPORATIONS

M9800000967

03 MAR 14 PH 4: 34

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

1. DOCUMENT # M98000000967

Name and Mailing Address

0003076 01 FP 0.352 \*\*PRSRT TO O 0615 33301-231432  
RESTAURANT COMPLEXITIES LLC  
1032 E LAS OLAS BLVD.  
FT LAUDERDALE FL 33301-2314

800014068938  
03/14/03--01004--015 \*\*50.00  
800014068938  
03/14/03--01004--014 \*\*150.00



3/14 2002-2003

2. New Mailing Address

City, State, Zip

Principal Place of Business

1032 E LAS OLAS BLVD.  
FT LAUDERDALE FL 33301

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

DE

5. Date Organized or Qualified  
To Do Business in Florida

08/31/1998

6. FEI Number

65-0859470

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

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
MGRM	FREUNDLICH, MICHAEL	<del>415 MADISON AVENUE</del>	<del>NEW YORK NY 10017</del>
		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 (3/02)