

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Secretary of State  
DIVISION OF CORPORATIONS

03 MAR 14 PM 4:34

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # M99000001216

1. Limited Liability Company's Name

NASH RESTAURANT ASSOCIATES LLC

000014094240  
03/14/03--01078--021 \*\*250.00000014094240  
03/14/03--01078--020 \*\*50.00

3114 2000-2001-2002-2003

2. Principal Office Address

344 PLAZA REAL

Suite, Apt. #, etc.

3. Mailing Office Address

344 PLAZA REAL

Suite, Apt. #, etc.

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified  
To Do Business in Florida

07/28/99

6. FEI Number

13-4075063

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee required  
for a Certificate of Status

City &amp; State

BOCA RATON, FL

Zip

33432

Country

U.S.A.

City &amp; State

BOCA RATON, FL

Zip

33432

Country

U.S.A.

8. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301-2525

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 AgentDeborah D. SkipperDeborah D. Skipper  
Asst. V. Pres.

Date

1-20-03

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
MGRM	FREUNDLICH, MICHAEL	344 PLAZA REAL	BOCA RATON, FL 33432

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 608.408, 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/ManagerMichael Freundlich

Date

11/21/02

Daytime Phone #

(561) 393-6275

Typed or printed name of signing Managing Member/Manager

Michael Freundlich