

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAY -5 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # Z00158

1. Limited Liability Company's Name

THE EMBERS RESTAURANT LLC

2. Principal Office Address

2783 N. Orange Blossom Trail

Suite, Apt. #, etc.

City & State

Kissimmee FL

Zip Country

34744 USA

3. Mailing Office Address

P.O. BOX 352106

Suite, Apt. #, etc.

City & State

Miami FL

Zip Country

33135 USA

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

10-29-91

6. FEI Number

05-0161044

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

JOHN C. GEVERS

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

2783 N. Orange Blossom Trail

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34744

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

John C. Gevers

REGISTERED AGENT MUST SIGN

Date 05-02-00

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
MBR	EDWIN H. COLE	14238 COLONIAL GRAND BLVD	Orlando, FL 32807
MBR	JOHN C. GEVERS	2654 SHERLY AVENUE	Kissimmee, FL 34744

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

John C. Gevers

Date 05-02-00 Daytime Phone # 305-541-3711

Typed or printed name of signing Managing Member/Manager