

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # A98000000578			
1. Name of Limited Partnership Hops of Idaho, Ltd.			
2. Principal Office Address Hancock @ Washington Suite, Apt. #, etc. City & State Madison, GA Zip 30650		3. Mailing Office Address Hancock @ Washington Suite, Apt. #, etc. City & State Madison, GA Zip 30650	
4. Date Formed or Registered To Do Business in Florida 3/02/1998			
5. FEI Number 59-3518392		Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status			
7a. Capital Contributions as shown on Record: \$24,000,000			
7b. Amount of Capital Contributions in FLORIDA to date: \$24,000,000			
FEEs: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.			
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. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the partnership and the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. Cynthia L. Harris as its agent DATE 2/9/04 SIGNATURE (Registered Agent Accepting Appointment) <i>Cynthia L. Harris</i>			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
10. Name(s) of General Partner(s) Hops Grill & Bar, Inc.	Address of Each General Partner (Do NOT Use Post Office Box Numbers) Hancock @ Washington	City, State and Zip Code Madison, GA 30650	10a. Registration Document Number P97000009985
REINSTATEMENT 2001-04 100028636901 02/13/04--01008--027 **4113.75			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and correct and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. SIGNATURE <i>Percey V. Williams</i> DATE 2/9/04 Typed or Printed Name of General Partner Signing Form Percey V. Williams Telephone Number (706) 343-2217			

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