

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 JUL 27 AM 10:56

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L00000002649

1. Limited Liability Company's Name
 Collard Greens and Cornbread, LLC

2. Principal Office Address 339 Cherokee Drive		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando		City & State	
Zip FL	Country 32801	Zip	Country

CR2E041 (8/05)

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 3/8/00	
6. FEI Number	Applied For <input checked="" type="checkbox"/> 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

Name A.G.C. Co.	
Street Address (P.O. Box Number is Not Acceptable) 200 S. Orange Ave.	
Suite, Apt. #, Etc. Suite 2300	
City Orlando	State FL
	Zip Code 32801

100078470711
 08/08/06--01032--023 **401.00

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.
 A.G.C. Co.

Signature of Registered Agent _____ Date 7/25/06

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
MGR	Armando Payas	200 S. Orange Ave., Ste. 2300	Orlando, FL 32801

REINSTATEMENT 01-06

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 Armando Payas Date 7/25/06 Daytime Phone # 407-422-5742

Typed or printed name of signing Managing Member/Manager Armando Payas