

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

04 NOV 29 PM 5:50

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

<b>DOCUMENT # L03000003378</b> 1. Entity Name <b>STARBOARD LOUNGE AND GRILLE LLC</b>	
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Principal Place of Business 3421 STRINGFELLOW RD. ST. JAMES CITY, FL 33956	Mailing Address <del>3421 STRINGFELLOW RD.</del> ST. JAMES CITY, FL 33956
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <b>2766 HERON CT</b>  Suite, Apt. #, etc.
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10202004 REIN-LLC CR2E101 (6/04) 11/29

City & State <b>ST JAMES CITY FL</b>	City & State <b>ST JAMES CITY FL</b>	4. FEI Number <b>20-0308848</b>	Applied For Not Applicable
Zip <b>33956</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  ADAMS, BARBARA A <del>3421 STRINGFELLOW RD.</del> <b>2766 Heron Ct</b> ST. JAMES CITY, FL 33956 <b>St James City FL</b> <span style="float: right;"><b>33956</b></span>	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Barbara A Adams 10/22/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p style="font-weight: bold; font-size: 10pt;">FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00</p>	<p style="font-size: 10pt;">In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.</p>	<p style="font-size: 10pt;">Make check payable to <b>Florida Department of State</b></p>
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9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES				
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REINSTATEMENT

w/o penalty fees

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Barbara A Adams 10/22/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #