

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 DEC 29 AM 10:49

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # M98-505
 1. Limited Liability Company's Name
PLANET SMOOTHIE FRANCHISES LLC

REINSTATEMENT 2000

2. Principal Office Address <u>2100 RIVEREDGE PKWY.</u>		3. Mailing Office Address <u>SAME</u>	
Suite, Apt. #, etc. <u>SUITE 1080</u>		Suite, Apt. #, etc. <u>SAME</u>	
City & State <u>ATLANTA, GA</u>		City & State <u>SAME</u>	
Zip <u>30328</u>	Country <u>USA</u>	Zip <u>SAME</u>	Country <u>SAME</u>

4. State/Country of Formation <u>GEORGIA, USA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>5/21/98</u>	
6. FEI Number <u>58-2386077</u>	Applied For 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
CT CORPORATION SYSTEM 900003554009--6

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND RD.

Suite, Apt. #, Etc.

City
PLANTATION

State
FL

Zip Code
33324

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
JENNIFER FAULTMAN Date 1/2/01
 REGISTERED AGENT MUST SIGN ASSISTANT SECRETARY

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
<u>PRES.</u>	<u>BRYAN K. O'ROURKE</u>	<u>2100 RIVEREDGE PKWY., SUITE 1080</u>	<u>ATLANTA, GA 30328</u>

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
Bryan K. O'Rourke Date 12/19/00 Daytime Phone # 678-589-7505

Typed or printed name of signing Managing Member/Manager
BRYAN K. O'ROURKE

CR2E041 (9/99)