

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L00000010521

FILED
Oct 25, 2004
Secretary of State

Entity Name: CAFETERIA OF SOUTH BEACH, LLC

Current Principal Place of Business:

54 WEST 21 STREET
SUITE 908
NEW YORK, NY 10010

New Principal Place of Business:

Current Mailing Address:

54 WEST 21 STREET
SUITE 908
NEW YORK, NY 10010

New Mailing Address:

FEI Number: 68-0459563 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BELOFF, JOHNATHAN D ESQ.
C/O BELOFF & SCHWARTZ
1111 LINCOLN ROAD, SUITE 400
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

TERMINELLO, LOUIS J
2700 S.W. 37TH AVENUE
MIAMI, FL 33133 US

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.

SIGNATURE: LOUIS TERMINELLO

10/25/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ALP OF SOUTH BEACH,, INC.
Address: C/O BELOFF & SCHWARTZ 1111 LINCOLN RD 400
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALP OF SOUTH BEACH,, INC.
Address: 54 WEST 21 STREET SUITE 908
City-St-Zip: NEW YORK, NY 10010

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ALP OF SOUTH BEACH, INC.

MGRM

10/25/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date