SIGNATURE:

1. Entity Nam			00000162	1			·	, /c .d	APROVES AND FILED	
HOPS O	F CORAL SI	Prings, LTD.						OLAD		
Principal Plac	e of Business		Mailing Address					ОПост	PR 30 AM 9: 41	
C/O HOPS GRILL & BAR. INC. 2701 N. ROCKY POINT DRIVE. SUITE 300 TAMPA FL 33807		C/O HOPS GRILL & BAR, NC. 2701 N. ROCKY POINT DR.VE. SUITE 300 TAMPA FL 33607			   			ETARY OF S <i>TATE</i> TASSEE, FLORID		
2. Principal P	Place of Busine	Pss	3. Mailing Address					<b>       </b>		
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc	;.	- <del>-</del>		DO NOT WRIT	E IN THIS S	PACE	
City & Stat	te	<del>-</del>	City & State	<del></del>		4. FEI Number	4. FEI Number 59-3294665 Applied For Not Applicable			
Zip		Country	Zip	Coun	ntry	5. Certificate of	Status Desired	X	8.75 Additional	
	6. Name	and Address of Curre	nt Registered Agent			7. Name and A	ddress of New Re	egistered A	gent	
CORPORATION SERVICE COMPANY				Name Street Address		ss (P.O. Box Number i	(P.O. Box Number is Not Acceptable)			
1201 HAYS STREET TALLAHASSEE FL 32301-2525				;	City			FL	Zip Code	
					City					
8. The above	named entity	submits this statement	for the purpose of chang	ging its egistere	<u> </u>	stered agent, or both,	in the State of Flor		<u> </u>	
	named entity	submits this statement	for the purpose of chang	ging its egistere	<u> </u>	stered agent, or both,	in the State of Flor			
SIGNATURE .	Signature, typed o	submits this statement	nt and title if applicable.	(NOT: Registered	ed office or regis			rida.		
	Signature, typed on tributions on record.	r printed name of registered age	nt and title if applicable.  10. Amount of in FLORID	(NOTE Registered f Capit:   Contrib DA to dilite:	ed office or regis a Agent signature requi	uired when reinstating)	11. MAKE CHECI SEE REVERS	DATE  K PAYABLE 1 SE SIDE FOR	TO DEPT. OF STATE	
SIGNATURE .	Signature, typed on tributions on record.	\$25,000.00	nt and title if applicable.  10. Amount of	(NOTE Registered f Capit:   Contrib )A to d. te.	ed office or regis ad Agent signature requi	uired when reinstating) , 0 0 0	11. MAKE CHECK SEE REVERS	DATE  K PAYABLE 1 SE SIDE FOR	TO DEPT. OF STATE	
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9. Capital Coras Shown of 12.  DOCUMENT #	Signature, typed of ntributions on record.  A G NOTE:  P970000098 HOPS GRIL	\$25,000.00 ENERAL PARTNER General Partners N GENERAL PARTN	nt and title if applicable.  10. Amount of in FLORID  THAT IS A BUSINES  IAY NOT be changed  ER INFORMATION	(NOTI Registered f Capit:   Contrib DA to d. te. SS EN TITY MI I on the form	ed office or regis ad Agent signature requi butions \$25  UST BE REG i; an amendm	uired when reinstating) , 0 0 0	11. MAKE CHECI SEE REVERS TIVE WITH THIS to change a gei	DATE  K PAYABLE 1 E SIDE FOR S OFFICE, neral parts	TO DEPT. OF STATE FEE INFORMATION	
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9. Capital Coras Shown of 12.  DOCUMENT / NAME STREET ADDRESS	Signature, typed of ntributions on record.  A G NOTE:  P97000098 HOPS GRIL 2701 N. RO	\$25,000.00 ENERAL PARTNER General Partners M GENERAL PARTN GENERAL PARTN 385 L & BAR, INC.	nt and title if applicable.  10. Amount of in FLORID  THAT IS A BUSINES  IAY NOT be changed  ER INFORMATION	(NOTE Registered for Capital Contributed for the SS EN TITY MILE FOR THE STREET CITY-	ed office or regis ad Agent signature requibilitions \$ 2.5  UST BE REGI I; an amendm  EET ADDRESS  EET ADDRESS	, 000  ISTERED AND AC ent must be filed (	11. MAKE CHECK SEE REVERS TIVE WITH THIS to change a get ADDRESS CHA	DATE K PAYABLE 1 SE SIDE FOR S OFFICE. neral parti	TO DEPT. OF STATE (FEE INFORMATION )  THE INFORMATION    THE INFORMATI	
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| - - - Zack A. Kolhas 2/23/01 (813)282-9350
| ER IL PARTNER Date Daytime Phone #