

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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 APR 11

DOCUMENT # L00000000517

1. Limited Liability Company's Name

Cattle Company Steaks & Seafood of
Santa Rosa Beach L.L.C.

800005326748--2
-04/23/02--01064--017
****200.00 ****200.00

2. Principal Office Address

3906 Hwy 98 West

Suite, Apt. #, etc.

Suite 9 & 10

City & State

Santa Rosa Beach FL

Zip

32459

Country

USA

3. Mailing Office Address

P.O. Box 1899

Suite, Apt. #, etc.

City & State

Santa Rosa Beach FL

Zip

32459

Country

USA

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida

Jan 2000

6. FEI Number

5923617305

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Carleton Barrett Foster II

Street Address (P.O. Box Number is Not Acceptable)

3906 Hwy 98 West

Suite, Apt. #, Etc.

Suite 9 & 10

City

Santa Rosa Beach

State

FL

Zip Code

32459

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2-5-02

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
Pres	Allen McGinnis	1018 Choctawhatchee Dr	Niceville FL 32578
VP Gen Mgr	C. Barrett Foster	383 White Heron Drive	Santa Rosa Bch FL 32459
Sec	Michelle Foster	383 White Heron Drive	Santa Rosa Bch FL 32459

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 filed this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, 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

[Signature]

Date

2-5-02

Daytime Phone #

850 267 1238

Print or typed name of signing Managing Member/Manager

C B Foster II