

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

01 NOV -6 PM 12:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **L00000002870**

1. Limited Liability Company's Name

Lenny's of Bluewater, LLC

REINSTATEMENT 2001

2. Principal Office Address

**8000 Centerview Pkwy
 Suite, Apt. #, etc.
 #101**

3. Mailing Office Address

**8000 Centerview Pkwy
 Suite, Apt. #, etc.
 #101**

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified To Do Business in Florida

3/2000

City & State

**Cordova TN
 Zip 37018 Country USA**

City & State

**Cordova TN
 Zip 37018 Country USA**

6. FEI Number

58-2531999

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$3.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Leonard V. Moore

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

2417 Palm Harbor

300004685219-1

-11/16/01--01051--012

******150.00 ****150.00**

Suite, Apt. #, Etc.

City

Ft. Walton Beach

State

FL

Zip Code

32547

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]

Date

10/18/01

REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

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
MGR	Leonard V. Moore	2417 Palm Harbor	Ft. Walton Bch, FL 32547
MGR	Chester D Smith	188 Cole Rd	Hattiesburg MS 39402

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

[Signature]

Date

10/18/01

Daytime Phone #

901-757-4022

Typed or printed name of signing Managing Member/Manager