
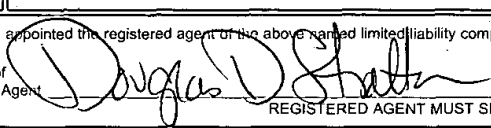
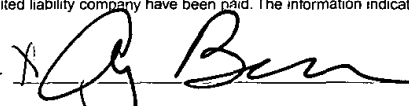


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H00000021442 L-4898		01 NOV -5 PM 12:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Limited Liability Company's Name WEBFOOD CONSULTANTS, L.C.			
2. Principal Office Address 100 Lincoln Road Suite, Apt. #, etc. Miami Beach, FL City & State Miami Beach, FL Zip 33139 Country USA		3. Mailing Office Address 407 Lincoln Road, No. 2A Suite, Apt. #, etc. 2A City & State Miami Beach, FL Zip 33139 Country USA	
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 4/28/2000	
6. FEI Number 65-1010049		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$9.00 Additional Fee required for Certificate of Status	
8. Name and Address of Current Registered Agent			
Name DOUGLAS D. STRATTON, ESQUIRE			
Street Address (P.O. Box Number is Not Acceptable) 407 Lincoln Road, Suite 2A			
Suite, Apt. #, Etc. ****150.00 ****150.00			
City Miami Beach		State FL Zip Code 33139	
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  Date 10/30/01 REGISTERED AGENT MUST SIGN			
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.	Amy Bouma	300 South Pointe Dr., RH3 Miami Beach, FL 33139	Miami Beach, FL 33139
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  Date 11-2-01 Daytime Phone # (305) 672-7772 Typed or printed name of signing Managing Member/Manager			

CR2E041 (9/01)