


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L00000007401			
1. Limited Liability Company's Name Spaghet+ Vendor, LLC			
2. Principal Office Address P.O. Box 4410 Suite, Apt. #, etc. City & State Tampa, FL Zip 33677 Country USA		3. Mailing Office Address % Chris Barnes P.O. Box 4410 Suite, Apt. #, etc. City & State Tampa, FL Zip 33677 Country USA	
4. State/Country of Formation		5. Date Organized or Qualified To Do Business in Florida 6/23/2000	
6. FEI Number 59-3673825		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent			
Name Chris Barnes Street Address (P.O. Box Number is Not Acceptable) 6004 Suwanee Ave. Suite, Apt. #, Etc. Apt. C City Tampa State FL Zip Code 33604			
500004762235-7 -01/09/02--01034--017 ***155.00 ***155.00			
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 Chris Barnes Date 12/10/01 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
MEM	Chris Barnes	6004 Suwanee Ave Apt. C	Tampa, FL 33604
REINSTATEMENT			
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 Chris Barnes Date 12/10/01 Daytime Phone # 813-546-6168 Typed or printed name of signing Managing Member/Manager Chris Barnes			

CR2E041 (9/01)