
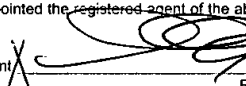



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>L00000012082</u>			
1. Limited Liability Company's Name <u>CLASSIC CUE PUB, L.C.</u>			
2. Principal Office Address <u>122 S. US ONE</u>		3. Mailing Office Address <u>122 S. US ONE</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>VERO BEACH FL</u>		City & State <u>VERO BEACH FL</u>	
Zip <u>32962</u>	Country	Zip <u>32962</u>	Country
4. State/Country of Formation <u>FLORIDA</u>			
5. Date Organized or Qualified To Do Business in Florida <u>10/12/00</u>			
6. FEI Number <u>65-1044028</u>		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$300 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent			
Name <u>HATCH, IRA C</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>1701 HIGHWAY A1A</u>			
Suite, Apt. #, Etc. <u>STE 220</u>			
City <u>VERO BEACH</u>		State <u>FL</u>	Zip Code <u>32963</u>
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 <u>12/18/2001</u>	
REGISTERED AGENT MUST SIGN <u>IRA C. HATCH, JR.</u>			
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
<u>MGR</u>	<u>BAILLY PHILIPPE</u>	<u>122 S. US ONE</u>	<u>VERO BEACH FL 32962</u>
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 <u>12-19-01</u> Daytime Phone # <u>561.713.0444</u>	
Typed or printed name of signing Managing Member/Manager <u>PHILIPPE B. BAILLY</u>			

FILED
01 DEC 26 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (9/01)