

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000001956

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAY -6 PM 12:22  
L205/18/04

LIMITED LIABILITY COMPANY REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L01000001956  
1. Limited Liability Company's Name  
Amanda's By The Bay, L.C.  
REINSTATEMENT 2002-2004

2. Principal Office Address  
719 Glengarry Drive  
Suite, Apt. #, etc.  
City & State  
Melbourne, FL  
Zip  
32940  
Country  
USA

3. Mailing Office Address  
719 Glengarry Drive  
Suite, Apt. #, etc.  
City & State  
Melbourne, FL  
Zip  
32940  
Country  
USA

4. State/Country of Formation  
Florida, USA  
5. Date Organized or Qualified To Do Business in Florida  
02-06-2001  
6. FEI Number  
65-1072550  
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  
David L. Graham  
Street Address (P.O. Box Number is Not Acceptable)  
719 Glengarry Drive  
Suite, Apt. #, Etc.  
City  
Melbourne,  
State  
FL  
Zip Code  
32940

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  
4/19/04  
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	David L. Graham	719 Glengarry Dr.	Melbourne, FL 32940

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  
4/19/04  
Daytime Phone #  
Typed or printed name of signing Managing Member/Manager  
DAVID L GRAHAM, MGRM

CR2004 (10/02)