

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

APPLICATION
FOR
RESTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

03 FEB 10 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000020064

Name and Mailing Address

0003787 01 FP 0.352 **PRSRT T2 0 0615 33404-172625



FAIR CONCESSIONS LLC
3900 FISCAL COURT SUITE 100
WEST PALM BEACH FL 33404-1726

RESTATEMENT

2002-
2003



2. New Mailing Address P.O. BOX 212048		4. State/Country of Formation FL	
City, State, Zip WEST PALM BEACH, FL. 33421-2048		5. Date Organized or Qualified To Do Business in Florida 11/20/2001	
Principal Place of Business 3900 FISCAL COURT SUITE 100 WEST PALM BEACH FL 33404	3. New Principal Place of Business Address 9069 SOUTHERN BLVD. City, State, Zip WEST PALM BCH, FL. 33411	6. FEI Number 65-1155769	Applied For <input type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent SCIRROTTO, GREGORY A 3900 FISCAL COURT SUITE 100 WEST PALM BEACH FL 33404		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. 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 Gregory A. Scirrotto Date 2/04/03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MANAGER	GREGORY A. SCIRROTTO	18319 OAK LEAF DR.	JUPITER, FL. 33458

12. 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 **Gregory A. Scirrotto** Date **02/04/03** Daytime Phone # **561-820-9228**

Typed or printed name of signing Managing Member/Manager **GREGORY A. SCIRROTTO**

CR2E084 (8/02)