

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L01000020699

LIMITED LIABILITY COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 26 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000020699

1. Limited Liability Company's Name
EMERIL'S TCHOUP CHOP, L.L.C.

2. Principal Office Address 7575 Dr. Phillips Blvd.		3. Mailing Office Address 829 St. Charles Avenue	
Suite, Apt. #, etc. Suite 310		Suite, Apt. #, etc.	
City & State Orlando, FL		City & State New Orleans, LA	
Zip 32819	Country USA	Zip 70130	Country USA

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 11/30/2001	
6. FEI Number 48-1254698	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Cynthia I. Rice, Esquire	200025776492 12/26/03--01073--022 **150.01
Street Address (P.O. Box Number is Not Acceptable) 2201 Northeast Coachman Road	
Suite, Apt. #, Etc. Suite 102	
City Clearwater	State FL
	Zip Code 33765

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 *Cynthia I. Rice* Date **12/22/03**
Cynthia I. Rice 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
MGRM	EMERIL'S HOMEBASE, L.L.C.	829 St. Charles Avenue	New Orleans, LA 70130

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ALTY

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 *Emeril J. Lagasse, III* Date **12/22/03** Daytime Phone # **504-524-4241**
Cynthia I. Rice, his Atty-in-Fact **Emeril J. Lagasse, III**
 Typed or printed name of signing Managing Member/Manager