

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 JAN -6 PM 2:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

Airport Concessions Florida LLC

LD 2000016024

2. Principal Office Address

9132 Cypress Green Dr

Suite, Apt. #, etc.

3. Mailing Office Address

PO Bx 492044

Suite, Apt. #, etc.

City & State

Jacksonville Florida

City & State

Denver Colorado

Zip

32256

Country

USA

Zip

80249

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

06-25-2002

6. FEI Number

30-0281953

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

Steven Davis

Street Address (P.O. Box Number is Not Acceptable)

9132 Cypress Green Drive

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32256

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

Steven J. Davis

REGISTERED AGENT MUST SIGN

Date

11-12-04

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	Airport Concessions, Inc.	PO Box 492044	Denver, Colorado 80249
MGRM	Winifred Harris	5995 S. Sepulveda Blvd Suite 206	Culver City Ca 90230
MGRM	Steven Davis	9132 Cypress Green Dr	Jacksonville FL 32256

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

Winifred R. Harris

Date

NOV 8 04

Daytime Phone #

310-749-0165

Typed or printed name of signing Managing Member/Manager

Winifred R. Harris

CR2E041 (10/02)