

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED 04 JAN 15 PM 12:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L02000017264

1. Limited Liability Company's Name 6TH & DIXIE, L.L.C.

Handwritten initials 'DK'

2. Principal Office Address 1050 S. FEDERAL HWY

3. Mailing Office Address 1050 S. FEDERAL HWY

Suite, Apt. #, etc. SUITE 149

Suite, Apt. #, etc. SUITE 149

City & State DELRAY BEACH, FL

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Zip Country 33483 PALM BEACH

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4. State/Country of Formation FLORIDA/ USA

5. Date Organized or Qualified To Do Business in Florida 07/10/2002

6. FEI Number 76-0715498

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 LIONS, JACOB

Street Address (P.O. Box Number is Not Acceptable) 1050 S. FEDERAL HWY

Suite, Apt. #, Etc. SUITE 149

City DELRAY BEACH

State Zip Code FL 33483

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 [Handwritten Signature]

Date 01/15/2004

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Row 1: MGR, LIONS, JACOB, 1050 S. FEDERAL HWY, ST 149, DELRAY BEACH, FL 33483

REINSTATEMENT 2003-2004

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 [Handwritten Signature]

Date 01/15/2003 Daytime Phone# 561/707-4333

Typed or printed name of signing Managing Member/Manager JACOB LIONS

CR2E041(10.02)