

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L02000018256

1. Limited Liability Company's Name

End of the Line Cafe, LLC

REINSTATEMENT

2003-2004

2. Principal Office Address

610 E. Wright St.

Suite, Apt. #, etc.

City & State

Pensacola FL

Zip

32501

Country

USA

3. Mailing Office Address

610 E. Wright St.

Suite, Apt. #, etc.

City & State

Pensacola FL

Zip

32501

Country

USA

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

09/01/02

6. FEI Number

03-0478945

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

Scott Satterwhite

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

309 North 6th Avenue

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32501

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

C. A. Satterwhite

REGISTERED AGENT MUST SIGN

Date

6/15/04

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
MGR	Scott Satterwhite	309 N. 6th Ave	Pensacola FL 32501
MGRN	Jen Knights Knight	918 E. Gonzalez	Pensacola FL 32501
MGRN	Kent Stanton	309 N. 6th Ave	Pensacola FL 32501
MGRN	Andrea Bingham	309 N. 6th Ave	Pensacola FL 32501
MGRN	Joshua Kriwanek	309 N. 6th Ave	Pensacola FL 32501
	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

Scott Satterwhite

Date

6-15-04

Daytime Phone #

850-479-0336

Typed or printed name of signing Managing Member/Manager

Scott Satterwhite

CR2E041 (10/02)