

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000018428

FILED
Sep 20, 2006
Secretary of State

Entity Name: SNACKS ON THE FLY, LLC

Current Principal Place of Business:

863 NORTH US HWY 17-92
LONGWOOD, FL 32750 31

New Principal Place of Business:

9775- A
ORLANDO,, FL 32827

Current Mailing Address:

9775-A AIRPORT BLVD.
ORLANDO, FL 32827

New Mailing Address:

9775-A AIRPORT BLVD.
ORLANDO INTERNATIONAL AIRPORT
ORLANDO, FL 32827

FEI Number: 32-0023075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMASTUS, LEONARD
863 NORTH US HWY 17-92
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LEONARD LAMASTUS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: LAMASTUS, LEONARD
Address: 863 NORTH US HWY 17-92
City-St-Zip: LONGWOOD, FL 32750

Title: VP () Delete
Name: WALKER, TERRELL
Address: 2908 GREEN CASTLE RD.
City-St-Zip: BURTONSVILLE, MD 20866

Title: T () Delete
Name: PAIGE, THOMAS
Address: 2275 E. 55TH STREET
City-St-Zip: CLEVELAND, OH 44103

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TERRELL WALKER

VP

09/20/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date