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Name and Mailing Address

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SECRETARY OF STAIL TALLAHASSEE, FLORIDA



2. New Mailing Address 3396 State Kol 94				State/Country of Formation     FL									
City State, Zip Davie, FL 333324				Date Organized or Qualified     To Do Business in Florida     07/23/2002									
Principal Place of Business 2415 RIVERLANE TERRACE FT LAUDERDALE FL 33312  3. New Principal Place of Business 4. New Principal Place of Business 4. New Principal Place of Business 5. New Principal Place of Business 6. New Principal Place of Business 8. New Principal Place of Business 9. New Prin		ss Address	6. FEI Number Applied For 74-3061167 Not Applicable										
		City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status									
	8. Name and Address of Current	Name and Address of New Registered Agent											
BARNETT, CHARLES D 8412 NATIVE DANCER RD. PALM BEACH GARDENS FL 33418			Name  Street Address (P.O. Box Number is Not Acceptable)  11/25/03-01024-024 **150.00										
								· · · · · · · · · · · · · · · · · · ·		City		· FL	Zip Code
							10. 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 Charles Charles Charles Date 12/31/03						
Registered Agent Charles Date 72/3/63  REGISTERED AGENT MUST SIGN													
11. Names and Street Addresses of Each Managing Member/Manager													
Title(s)			et Address of Each jing Member/Mana	at Address of Each ng Member/Manager  City / State / Zip		e / Zip							
MGR	ORIGINAL STEAKHOUSE AND SPORTS	THEATER 2415 RIVERLA	2415 RIVERLANE TERRACE		FT LAUDERDALE FL 33312								
						~ /							
	REINSTATEMENT 2002												
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					M_THC	MAS							
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12. 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 filling 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 compary have been roled. 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/Manage													

CR2E084 (7/03)