

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000024400

1. Entity Name
ORLANDO HOGS & HONEYS, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 11:04

Principal Place of Business 1516 N. FREEMONT C/O BORTZ ENTERTAINMENT GROUP CHICAGO, IL 60622	Mailing Address 1516 N. FREEMONT C/O BORTZ ENTERTAINMENT GROUP CHICAGO, IL 60622
---	---

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
--	--

04112006 REIN-LLC CR2E101 (11/05)

4. FEI Number 30-0115042	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$200.00

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	P	<input type="checkbox"/> Delete
NAME	BORTZ, MARC L	
STREET ADDRESS	1516 N. FREEMONT	
CITY-ST-ZIP	CHICAGO, IL 60622	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	700075191467
CITY-ST-ZIP	05/24/06--01012--014 **200.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ **4-26-06** **312-397-0580**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #