APP展过Y · 。 PLEASE READ ALLINSTRUCTIONS BEFORE COMPLETING THIS FORM. 03 DCT 22 PH 12: 47 SEGRE IARY OF STAFE TALE AHASSEE, FLORIDA DOCUMENT# LO2000032503 David Manera Restaurants, LLC. 100024012131 10/22/03--01036--006 \*\*150.00 2. Principal Office Address 2904 Chatruse Rd 4. State/Country of Formation EL USA Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Date Organized or Qualified To Do Business in Florida City & State Applied For Sous laton Not Applicable 7. CERTIFICATE OF STATUS DESIRED USA \$5.00 Additional Fee required for a Certificate of Status 8. Name and Address of Current Registered Agent Name Zip Code 33444 named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. 9. 1, being appointed the registe Signature of 10/20/2003 REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager City / State / Zip 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. Date 10/0403 Daytime Phone # 56/ 21/30297 Signature of Managing Member/Manager <u>C</u>

Typed or printed name of signing Managing Member/Manager