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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		9-16-05 250.00	
DOCUMENT # <u>502000034843</u>					
1. Limited Liability Company's Name <u>The Fish Inn LLC</u>					
2. Principal Office Address <u>200 Elsa Road</u> <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address <u>200 Elsa Road</u> <small>Suite, Apt. #, etc.</small>		CR2E041 (8/05)	
City / State <u>Jupiter Florida</u>		City / State <u>Jupiter Florida</u>		4. State/Country of Formation <u>Florida / USA</u>	
Zip <u>33477</u>		Country <u>USA</u>		5. Date Organized or Qualified To Do Business in Florida <u>12/27/02</u>	
		6. FEI Number <u>06-167077</u>		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name <u>Chris R Brown</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>200 Elsa Road</u>					
Suite, Apt. #, Etc.					
City <u>Jupiter</u>		State <u>FL</u>		Zip Code <u>33477</u>	
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 <u>Chris R Brown</u>				Date <u>12/21/06</u>	
REGISTERED AGENT MUST SIGN					
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		
Pres	Chris R Brown	200 Elsa Road	Jupiter FL 33477		
Trea	Sonya J Brown	200 Elsa Road	Jupiter FL 33477		
Sec	Patricia J Duberg	8965 SE Marx St	Hobe Sound, FL 33455		
REINSTATEMENT 05-07					
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 <u>Chris R Brown</u>				Date <u>12/21/06</u> Daytime Phone # <u>561-575-1110</u>	
Typed or printed name of signing Managing Member/Manager					