2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000040058

Entity Name: HAYMAKER ENTERPRISES, L.L.C.

FILED Sep 23, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4205 OLD COLUMBIA PIKE 6900 SILVERSTAR ROAD 206B

ANNANDALE, VA 22003 ORLANDO, FL 32818

Current Mailing Address: New Mailing Address:

4205 OLD COLUMBIA PIKE P. O. BOX 10866

ANNANDALE, VA 22003 ALEXANDRIA, VA 22310

FEI Number: 52-2207584 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DOYLE, PATRICK 800 W. MORSE BOULEVARD, SUITE 1 WINTER PARK, FL 32789 US

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: PATRIC DOYLE

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition Name: SALARBUX, MOHAMMED Z Name: SALARBUX, MOHAMMED Z

 Address:
 4205 OLD COLUMBIA PIKE
 Address:
 P. O. BOX 10866

 City-St-Zip:
 ANNANDALE, VA 22003
 City-St-Zip:
 ALEXANDRIA, VA 22310

Title: V () Delete Title: V (X) Change () Addition

Name:SALARBUX, SHADERAName:SALARBUX, SHADERAAddress:4205 OLD COLUMBIA PIKEAddress:P. O. BOX 10866City-St-Zip:ANNANDALE, VA 22003City-St-Zip:ALEXANDRIA, VA 22310

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: M. ZAHEER SALARBUX MGM 09/23/2005