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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
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FILED
06 NOV -3 PM 5:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L03000042860

1. Limited Liability Company's Name
PHILLY IN MIAMI SOUTH BEACH LLC
1059 COLLINS AVE 204
MIAMI BEACH, FL 33139

2. Principal Office Address 1059 COLLINS AVE		3. Mailing Office Address 1059 COLLINS AVE	
Suite, Apt. #, etc. 204		Suite, Apt. #, etc. 204	
City & State MIAMI BEACH, FL		City & State MIAMI BEACH, FL	
Zip 33139	Country USA	Zip 33139	Country USA

CR2E041 (8/05)

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 11/05/03	
6. FE Number 200363272	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name DAMOND NEELY	
Street Address (P.O. Box Number is Not Acceptable) 1059 COLLINS AVE	
Suite, Apt. #, Etc. 204	
City MIAMI BEACH	State FL
Zip Code 33139	

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.

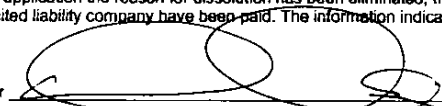
Signature of Registered Agent  Date 10/28/06
REGISTERED AGENT MUST SIGN

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
MGR	DAMOND NEELY	1059 COLLINS AVE 204	MIAMI BEACH, FL 33139
			200081771622 11/14/06--01073--001 **\$50.00

REINSTATEMENT 2004 2005 2006

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  Date 10/28/06 Daytime Phone # 786-303-3942
Typed or printed name of signing Managing Member/Manager Damond Neely