

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000043837

1. Entity Name
BLUE PARROT COFFEE AND TROPICAL BEVERAGES, LLC



Principal Place of Business
**530 US 41 BY-PASS S., UNIT 20A
 VENICE, FL 34285**

Mailing Address
**530 US 41 BY-PASS S., UNIT 20A
 VENICE, FL 34285**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10162004 REIN-LLC CR2E101 (6/04)

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CONKLE, JOSEPH R
 4437 WINNERS CIRCLE #1316
 SARASOTA, FL 34238**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** Delete
 NAME **CONKLE, JOSEPH R**
 STREET ADDRESS **4437 WINNERS CIRCLE #1316**
 CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE Change Addition
 NAME **800042031988**
 STREET ADDRESS **10/20/04--01090--003** ****150.00**
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

REINSTATEMENT 2004

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Joseph R. Conkle **JOSEPH R. CONKLE** 10/15/04 (941) 486-8020
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #