

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000028127

FILED  
Aug 14, 2006  
Secretary of State

**Entity Name:** GREAT AWAKENINGS COFFEE AND TEA COMPANY, LLC

**Current Principal Place of Business:**

8683 NW 51ST PLACE  
CORAL SPRINGS, FL 33067

**New Principal Place of Business:**

2170 NE 53 STREET  
FORT LAUDERDALE, FL 33308

**Current Mailing Address:**

8683 NW 51ST PLACE  
CORAL SPRINGS, FL 33067

**New Mailing Address:**

2170 NE 53 STREET  
FORT LAUDERDALE, FL 33308

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

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

WALKER, PAUL S  
2170 NE 53RD STREET  
FORT LAUDERDALE, FL 33308      US

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

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: PAUL S. WALKER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR                      ( ) Delete  
Name: WALKER, PAUL S  
Address: 2170 NE 53RD STREET  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGR                      ( ) Delete  
Name: SILVERSTROM, BLAKE  
Address: 8683 NW 51ST PLACE  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGR                      (X) Delete  
Name: WALKER, PAMELA S  
Address: 2170 NE 53RD STREET  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGR                      (X) Delete  
Name: SILVERSTROM, KIMBERLY  
Address: 8683 NW 51ST PLACE  
City-St-Zip: CORAL SPRINGS, FL 33067

**ADDITIONS/CHANGES:**

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR                      (X) Change ( ) Addition  
Name: WALKER, PAMELA S  
Address: 2170 NE 53 STREET  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: PAMELA S. WALKER

MGR

08/14/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date