

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000030848

1. Limited Liability Company's Name

Take Little Bites LLC

05

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ryk

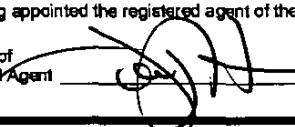
CR2E041 (8/05)

2. Principal Office Address		3. Mailing Office Address	
1601 Commerce Lane		1601 Commerce Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 103		Suite 103	
City & State		City & State	
Jupiter, FL		Jupiter, FL	
Zip	Country	Zip	Country
33458	USA	33458	USA

4. State/Country of Formation	
Florida, USA	
5. Date Organized or Qualified To Do Business in Florida 4/21/2004	
6. FEI Number	Applied For
20-1031602	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 John J. Harris, Gray Robinson PA	
Street Address (P.O. Box Number is Not Acceptable) 301 S. Bronough Street, Suite 600	
Suite, Apt. #, Etc.	
City	State Zip Code
Tallahassee	FL 32301

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.

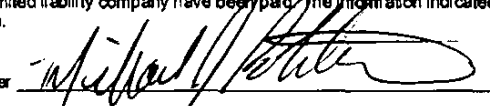
Signature of Registered Agent  Date 12-1-06

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Michael J. Politano	1601 Commerce Lane Suite 103	Jupiter, FL 33458
			700082581657 12/15/06--01057--019 **200.00

REINSTATEMENT 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 11/28/06 Daytime Phone# (561) 603-7529

Typed or printed name of signing Managing Member/Manager Michael J Politano