

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000070565

FILED
Oct 27, 2005
Secretary of State

Entity Name: OLDE WORLD KITCHENS, LLC

Current Principal Place of Business:

8359 BEACON BLVD
SUITE 500
FORT MYERS, FL 33907

New Principal Place of Business:

P.O. BOX 101367
CAPE CORAL, FL 33910

Current Mailing Address:

8359 BEACON BLVD
SUITE 500
FORT MYERS, FL 33907

New Mailing Address:

P.O. BOX 101367
CAPE CORAL, FL 33910

FEI Number: 41-2159396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBELLI, WILLIAM A
4426 SE 20TH PLACE
CAPE CORAL, FL 33904 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: WILLIAM A. JACOBELLI

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JACOBELLI, WILLIAM A
Address: 4426 SE 20TH PLACE
City-St-Zip: CAPE CORAL, FL 33904

Title: MGR () Delete
Name: CARSI, JOHN M
Address: 2223 SE 15TH AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: MGR () Delete
Name: ANDRACHAK, JOHN M
Address: 1135 LUCERNE AVE
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

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

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 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: WILLIAM A. JACOBELLI

OWNE

10/27/2005

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