## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| LIMITED LIABILITY COMPANY REINSTATEMENT   | FLORIDA DEPARTME<br>Secretary of<br>DIVISION OF CORPO | State   |  | FIL.<br>07 SEP 26                        |          | 03                                    |
|---|---|---|--|--|----------|---------------------------------------|
| DOCUMENT # LO 50000072 43  1. Limited Liability Company's Name  The Broken Yolk, LLC  |   |   | SECRLIA. AIC<br>SOUTALLAHASSEE FLORIDA<br>09/21/0701054009 **100.00  |  |          |                                       |
| THE BROKEN YOLK RESTAUNT  |   |   | CR2E041 (1/07)   |  |          |                                       |
| 2. Principal Office Address - No P.O. Box #   | 3. Mailing Office Address                             |   |  |  |          |                                       |
| 3350 GRAND BIND   | 3350 GRAND BIND                                       |   | 4. State/Country of Formation  |  |          |                                       |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                                   |   | 5. Date Organized or Qualified To Do Business in Florida 2005  |  |          |                                       |
| City & State  | City & State  |   |  | **                                       | <u> </u> | A 15 - A 15 - 4                       |
| HOLIDAY FIA   | HOLDAY FIA  |   |  | 6. FEI Number Applied For Not Applicable |          |                                       |
| 2ip   Country   3 4690   U. S.  | Zip Co  | U. S  | 7.   |  |          | onal Fee required<br>licate of Status |
| 8. Name and Address of Current Registered Agent   |   |   |  |  |          |                                       |
| Name David J. Wollinka  Street Address (P.O. Box Number is Not Acceptable) 1835 Health Care Drive  Suite, Apt. #, Etc.  City Trinity  State Zip Code FL 34653   |   |   | A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived. |  |          |                                       |
| 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  REGISTERED AGENT MUST SIGN  |   |   |  |  |          |                                       |
| 10. Names and Street Addresses of Managing Members/Managers   |   |   |  |  |          |                                       |
| Titles Name of Managing Members/Mana  | pers !  | Street Address of Each<br>Managing Member/Manager |  | City / State / Zip                       |          |                                       |
| PRES JOANNE L. HOWA   | RD 1809 P.  | 1809 PINK GUARACRT RENTHA                         |  | TRINITY                                  | F/A =    | 34655                                 |
| V.P SCOTT K. HOWAR  | 0 1809  | 1809 PINT GUARA CRT                               |  | TRINITY                                  | Fh       | 34655                                 |
| REINSTATEMENT 06,07   |   |   |  |  |          | 6,07                                  |
| 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 filling 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 Manager Day Member/Manager Doa HINE L. HOWARD  Typed or printed name of signing Managing Member/Manager |   |   |  |  |          |                                       |