


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # LQ5000042295	
1. Entity Name D. & D. AMUSEMENT L.L.C.	

FILED

2007 NOV 13 P 3:19



Principal Place of Business 1090 A JOHNNIE DODDS BLVD. MT. PLEASANT, SC 29464	Mailing Address 1090 A JOHNNIE DODDS BLVD. MT. PLEASANT, SC 29464
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10092007 REIN-LLC CR2E101 (1/07)

4. FEI Number 56-2520252	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
WOLF, MICHAEL H ESQ 3832 N UNIVERSITY DR SUNRISE, FL 33351	

7. Name and Address of New Registered Agent	
Name W. <u>Bernice A. Devoung</u> Street 1411 S. University Drive City Plantation FL Zip Code 33351	

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 <u>Bernice A. Devoung</u>	DATE <u>10-16-07</u>

FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIS, RONALD J 1090 A JOHNNIE DODDS BLVD. MT. PLEASANT, SC 29464 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUKES, HAROLD T 1341 COLLEGE PARK RD SUMMERVILLE, SC 29483 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200111462792 10/29/07--01055--020 **55.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 07

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <u>H. T. Dukes</u>	DATE <u>10/16/07</u> DAYTIME PHONE # <u>843-729-0492</u>