


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

OCT 17 AM 9:08

DOCUMENT # L05000076466 1. Entity Name WHISKEY RIVER OF KISSIMMEE, LLC	
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Principal Place of Business 2654 N. ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34741	Mailing Address 2654 N. ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34741
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1363 BOULDER DRIVE Suite, Apt. #, etc.
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City & State Kissimmee FL	City & State Kissimmee FL	4. FEI Number 16-1729469	Applied For Not Applicable
Zip 34744	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

10092006 REIN-LLC CR2E101 (11/05)

6. Name and Address of Current Registered Agent SULTAN, MICHAEL S BOULDER DRIVE KISSIMMEE, FL 34744	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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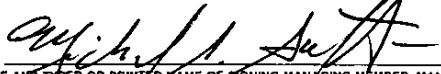
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00		Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete SULTAN, MICHAEL S 1363 BOULDER DRIVE KISSIMMEE, FL 34744	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100080927501 10/17/06--01048--005 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete SULTAN, JUDY A 1363 BOULDER DRIVE KISSIMMEE, FL 34744	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 2006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: _____ DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Law Offices of
Steven Michael LaBret, P.A.
226 Hillcrest Street
Orlando, Florida 32801-1213

LL.M. IN TAXATION
ALSO ADMITTED IN LOUISIANA
AND MICHIGAN BARS

PHONE # (407) 422-5819
FAX # (407) 423-7718
E-MAIL: Labretpa@cfllr.com

October 10, 2006

Div. of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: **Lender:** JML Equities, Inc.
Borrower: Whiskey River of Kissimmee, LLC d/b/a
Whiskey River of Kissimmee
Guarantor(s): Michael S. Sultan and Judy Ann Sultan
LL #: 59-00039 Series 4 COP
County: Osceola

Our Client: JML Equities, Inc.
Our File No: 370-L-00195

Dear Sir/Madam:

Enclosed find Reinstatement Form and a check for \$150.00 to cover the reinstatement of **Whiskey River of Kissimmee, LLC**.

Please send proof of reinstatement to the undersigned in the enclosed self-addressed stamped envelope.

Thank you for your anticipated cooperation.

Sincerely,



STEVEN MICHAEL LABRET

SML/ao
Encls.