

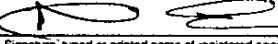


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC -7 AM 8:13

<b>DOCUMENT # L05000080867</b> 1. Entity Name <b>CRAVE-IN ENTERPRISES, LLC</b>					
Principal Place of Business <b>14758 EAST ORANGE LAKE BLVD. KISSIMMEE, FL 34747 US</b>			Mailing Address <b>14758 EAST ORANGE LAKE BLVD. KISSIMMEE, FL 34747 US</b>		
2. Principal Place of Business <b>PO Box 136055</b>		3. Mailing Address <b>PO Box 136055</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>CLERMONT FLORIDA</b>		City & State <b>CLERMONT FLORIDA</b>			
Zip <b>34713</b>		Zip <b>34713</b>			
4. FEI Number <b>20-3310998</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CRAVEN, DAVID 735 KILDRUMMY DRIVE DAVENPORT, FL 33897</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>After January 1, 2007, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CRAVEN, KAREN A 735 KILDRUMMY DRIVE DAVENPORT, FL 33897</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CRAVEN, DAVID B 735 KILDRUMMY DRIVE DAVENPORT, FL 33897</b>	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u>K. a. Craven</u> <u>12/01/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					