## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

SIGNATURE

## DOCUMENT # L06000119318 07 NOV 20 PM 1:39 1. Entity Name CAFÉ'S AND MORE LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 13499 SOUTH CLEVELAND 9901 SUNSET COVE LANE 137 226 FORT MYERS, FL 33907 FORT MYERS, FL 33919 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10172007 REIN-LLC CR2E101 (1/07) Applied For 4. FEI Number City & State City & State 20-8150621 Not Applicable Country Zip \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent POLLET, JAMES A Street Address (P.O. Box Number is Not Acceptable) 9602 BEAR LAKE ROAD APOPKA, FL 32703 Zip Code FL 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 Make check payable to FILE NOWILL FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM ☐ Change ■ Addition ☐ Delete TITLE TITLE POLLET, WYNELL M NAME NAME 500112391625 11/19/07--01010--003 \*\*\*15 STREET ADDRESS 9602 BEAR LAKE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOPKA, FL 32703 TITLE MGR ☐ Delete Change ☐ Addition POLLET, TIMOTHY T NAME NAME 9901 SUNSET COVE LANE #226 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33919 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME ATEMENT STREET ADDRESS CITY-ST-ZIP Change ☐ Delete ☐ Addition THRE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 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.

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

FILED

11/14/07