2008 LIMITED LIABILITY COMPANY REINSTATEMENT

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DOCUMENT # L07000011570							• •	LE)	
1. Entity Name VERSAILLES PARTY CENTER OF PENSACOLA, LLC				(Marie			2008 NOV 1. SECRETAR ALLAHASSI	3 PM 5	: 13	
Principal Plac	e of Business		Mailing Address		•	1	ALTAGIAR	Y OF STA	l •	
1101 S. FAIRFIELD DR.			1101 S. FAIRFIELD DR.				"LEMMASS	EE. FI NE	NE.	
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2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			10132008	REIN-LLC	CDSE	404 (4(07)	
	<u> </u>							URZE	101 (1/07)	
City & State					FL	4. FEI Numb	er - 115ス13	19	- - -	plied For t Applicable
Zīp	Country		Zip Coun			5. Certificate	of Status Desired		\$5.00 Add Fee Requires	
	6. Name and Addres	ss of Current R	32522-7488 Registered Agent	<u> پي</u>	<u> - </u>	7. Name and	d Address of New			
	V. 1941114		mgama raja	<u> </u>	Name	77 PM	Active C	TAN BIATTI	-8	-
	YOUNG, EDITH			<u> </u>	* * * d d d /	2 2 2 Novemb	*- *! #	- 3		
	AIRFIELD DR. DLA, FL 32506			;	Street Address (P.O. Box Nume	er is Not Acceptab	ole)		
PENSACO	DLA, FL 32500									
				⊢ ,	City				Zip Code	
							. <u></u> .	FL	. Zip Cool	J
	named entity submits thi ions of registered agent.	is statement for	the purpose of changing its re	egistered	office or register	ed agent, or bo	oth, in the State of F	lorida. I am	familiar with,	and accept
SIGNATURE .	And the second of selected and a	-1	The state of the s	A				0.75		
	Signature, typed or printed name	ol registered agent ar	nd title if applicable. (Repries i	Registeres =	Ngent eignature requi	ad also renstant)	DATE		
FILE NOWIN FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50 In accordance with s. 607.193(2)(b), F.S liability company did not receive the prior										
			In accordance with s. liability company did n	607.193 not receiv	(2)(b), F.S., th ve the prior no	e limited tice.		ike check p ia Departm	•	
	ary 1, 2009, Fee will	be \$277.50	liability company did n	607.193 not receiv	3(2)(b), F.S., th ve the prior no	e limited tice.	Florid	-	ent of State	
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