
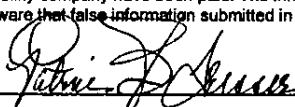


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> <b>SECRETARY OF STATE</b> <b>DIVISION OF CORPORATIONS</b>  <b>11 JAN 26 AM 10:43</b>  <b>100192482761</b> 01/26/11--01003--007 **521.25  CR2E041 (1/11)	
<b>DOCUMENT # L07000103987</b> 1. Limited Liability Company's Name  <b>PATRICE TRESSER PERSONAL CHEF AND CATERER, LLC</b>					
2. Principal Office Address - No P.O. Box # <b>2722 WEST TERRACE DRIVE</b>  Suite, Apt. #, etc.		3. Mailing Office Address <b>2722 WEST TERRACE DRIVE</b>  Suite, Apt. #, etc.		4. State/Country of Formation <b>USA</b>	
City & State <b>TAMPA, FL</b>		City & State <b>TAMPA, FL</b>		5. Date Organized or Qualified To Do Business in Florida <b>10/12/07</b>	
Zip <b>33609</b>	Country <b>USA</b>	Zip <b>33609</b>	Country <b>USA</b>	6. FEI Number <b>26-1223541</b> <div style="float: right;"><input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</div>	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name <b>JOHN H. RAINS III, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>501 EAST KENNEDY BLVD</b> Suite, Apt. #, Etc. <b>SUITE 750</b> City <b>TAMPA</b> State <b>FL</b> Zip Code <b>33602</b>				E-mail Address:  <b>RMCGOUGH@JOHNRAINS.COM</b> (To be used for future annual report notices)	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. <b>Signature of Registered Agent</b> _____ <b>Date</b> _____ <div style="text-align: center; font-size: small;">REGISTERED AGENT MUST SIGN</div>					
10. Names and Street Addresses of Managing Members/Managers					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip		
MGRM	<b>PATRICE TRESSER</b>	<b>2722 WEST TERRACE DRIVE</b>	<b>TAMPA, FL 33609</b>		
REINSTATEMENT 09-11					
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. <b>Signature of Managing Member/Manager</b>  <b>Date</b> <u>1/20/2011</u> <b>Daytime Phone #</b> <u>(813) 624-3218</u> Typed or printed name of signing Managing Member/Manager _____					