PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L94000000614

1. Limited Liability Company's Name

CROSS CREEK BARBEQUE, L.C.

2. Principal Office Address	3. Mailing Office Address
850 South Lane Avenue	P. O. Box 6988
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, Florida	City & State: Jacksonville, Florida
Zip: 32205 Country: USA	Zip: 32238-6988 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: November 14, 1994

6. FEI Number: 59-3277137 (Applied For / Not Applicable)

7. CERTIFICATE OF STATUS DESIRED ☒

8. Name and Address of Current Registered Agent

Name: Robert V. Duss

Street Address (P.O. Box Number is Not Acceptable): 112 West Adams Street

Suite, Apt. #, Etc.: Suite 1402

City: Jacksonville State: FL Zip Code: 32202

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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.

Signature of Registered Agent: Robt V Duss Date: January 25, 2000
Robert V. Duss REGISTERED AGENT MUST SIGN

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
Managing Member	James L. Clemons	4538 Ortega Forest Drive	Jacksonville, Florida 3221

REINSTATEMENT 99-00

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.

Signature of Managing Member/Manager: James L Clemons Date: January 25, 2000 Daytime Phone # (904) 388-4380

Typed or printed name of signing Managing Member/Manager: James L. Clemons

LAW OFFICE
ROBERT V. DUSS
112 WEST ADAMS STREET, SUITE 1402
JACKSONVILLE, FLORIDA 32202-3898

ROBERT V. DUSS

JOHN S. DUSS
(1912-1990)
FRED BUTLER
(1921-1983)

TELEPHONE
(904) 355-0668

TELECOPIER
(904) 791-9251

E-MAIL
RVDUSS@aol.com

January 25, 2000

Division of Corporations
Registration Section
409 East Gaines Street
Tallahassee, Florida 32399

VIA FEDEX - #7910-3634-7550

RE: Reinstatement - Cross Creek Barbeque, L.C.

Dear Sirs:

On behalf of Cross Creek Barbeque, L.C., a limited liability company, I am enclosing an executed application for reinstatement signed by me as resident agent and by James L. Clemons, the managing member of the limited liability company. I am also enclosing check of Cross Creek Barbeque payable to the Department of State in the sum of $205, which covers the year 1999 and 2000, together with the $100 reinstatement fee, and also covers the cost of a Certificate of Status. I would appreciate it if you would return the Certificate of Status to me at 112 West Adams Street, Suite 1402, Jacksonville, Florida, 32202.

Should you have any questions, please contact me upon receipt.

Sincerely,

Robert V. Duss

RVD:bas

Enclosure