

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 OCT -8 PM 1:44

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L97000001395

1. Limited Liability Company's Name

COOKIE DOUGH, L.C.

100008289871--8 -10/09/02--01065--012 \*\*\*\*\*255.00 \*\*\*\*\*255.00

2. Principal Office Address

2073 PINE CLUB DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

2073 PINE CLUB DRIVE

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

12-15-97

City & State

PLANT CITY, FL

City & State

PLANT CITY, FL

6. FEI Number

593496799

Applied For

Not Applicable

Zip

Country USA

Zip

33567

Country USA

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

SCOTT F. ELLIOTT

Street Address (P.O. Box Number is Not Acceptable)

2073 PINE CLUB DRIVE

Suite, Apt. #, Etc.

City

PLANT CITY

State FL

Zip Code 33567

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

[Handwritten Signature]

Date 10-7-02

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Row 1: MGRM, SCOTT F. ELLIOTT, 2073 PINE CLUB DRIVE, PLANT CITY, FL 33567.

REINSTATEMENT 09-02 dus dec

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

[Handwritten Signature]

Date 10/7/02

Daytime Phone# 813-763-3442

Typed or printed name of signing Managing Member/Manager

SCOTT F. ELLIOTT

CR2E041 (9/01)