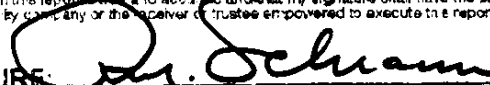


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 27, 2007 8:00 A.M.
Secretary of State

DOCUMENT # L99000000610			
1. Entity Name DOUGH ENTERPRISES OF SOUTH FLORIDA, L.L.C.			
Principal Place of Business 1900 NW CORPORATE BLVD SUITE 200E BOCA RATON, FL 33431		Mailing Address 1900 NW CORPORATE BLVD SUITE 200E BOCA RATON, FL 33431	
2. Principal Place of Business - No F.O. Box # 356 Golfview Rd		3. Mailing Address 356 Golfview Rd	
Suite, Apt. #, etc. Suite 609		Suite, Apt. #, etc. Suite 609	
City & State North Palm Beach, FL		City & State North Palm Beach, FL	
Zip 33408	Country USA	Zip 33408	Country USA
4. FEI Number 65-0893088		☐ Added For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHRAMM, RICHARD M 1900 NW CORPORATE BLVD. SUITE 200E BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Schramm, Richard M Street Address (P.O. Box Number is Not Acceptable) 356 Golfview Rd Suite 609 City North Palm Beach FL Zip Code 33408	
8. The above certified copy is a true and correct 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 		DATE 12/26/07	
In accordance with s. 807.193(2)(b), F.S., the limited liability company did not receive the prior notice.			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MM SCHRAMM, RICHARD M 1900 NW CORPORATE BLVD, SUITE 200E BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MM Schramm, Richard M 356 Golfview Rd Suite 609 North Palm Beach, FL 33408
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MM Schramm, Lois L 356 Golfview Rd Suite 609 North Palm Beach, FL 33408
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-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 the report as required by Chapter 608, Florida Statutes.			
SIGNATURE 		DATE 12/26/07-561-858-9776	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	

L99000000610

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662, TALLAHASSEE, FL 32302
155 OFFICE PLAZA DRIVE, SUITE A, TALLAHASSEE, FL 32301
PHONE: (850) 216-0457 / FAX: (850) 216-0460**

DATE: 12/28/2007

**NAME: DOUGH ENTERPRISES OF SOUTH FLORIDA,
LLC**

TYPE OF FILING: REINSTATEMENT

COST: \$50

BK

RETURN:

**RECEIVED
07 DEC 28 AM 11:27
FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**

ACCOUNT: FCA000000015

AUTHORIZATION: PAUL / ABBIE HODGE

Abb Hodge
