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Account Number : 075350000132
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LIMITED LIABILITY REINSTATEMENT

A LA CARTE ACQUISITION, L.C.

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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 # L99000001087

1. Limited Liability Company's Name
A LA CARTE ACQUISITION, L.C.

2. Principal Office Address	3. Mailing Office Address
7100 West Camino Real	7100 West Camino Real
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 300	Suite 300
City & State	City & State
Boca Raton, FL	Boca Raton, FL
Zip: 33433 Country: USA	Zip: 33433 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 02/26/1999

6. FEI Number: 65-1070434 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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: Vicky Goldstein VICKY GOLDSTEIN SPECIAL ASSISTANT SECRETARY Date: 1/31/01
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
MGRM	D.E.T. Card, L.C.	7100 West Camino Real, Ste.300	Boca Raton, FL 33433

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. Les Haskew, Chief Financial Officer of D.E.T. Card, L.C.

Signature of Managing Member/Manager: /S/ Les Haskew Date: 1/31/2001 Daytime Phone #: 561-237-0116

Typed or printed name of signing Managing Member/Manager: _____