PLEASE READ ALL INSTRUCTIONS SEFORE COMPLETING THIS FORM.

T EEAOL NEAD	ALL INSTRUCTIONS BEFORE	and the same of th
LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	05 JAN -6 PM 2: 18
DOCUMENT # L 990000 1087 1. Limited Liability Company's Name		SEERL TAKY OF STATE TALLAHASSIE FLORIDA——MIN. 1
	<u>.</u>	
A LA CARTE ACQUISITION, L.C.		
	10/4/02	1/1/2
2. Principal Office Address	3. Mailing Office Address	1
5400 SOUTH UNIVARSITY	5400 Sort University Suite Apt. # etc.	4. State/Country of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	FLORIDA C
Sorte 111	-50-te 111 -	5. Date Organized or Qualified To Do Business In Florida FE 3. 26, 1999
City & State	- City & State	6. FEI Number Applied For
DAVIE, FLORIDA Zip Country	DAVIE, FLORIDA Zip Country	V5017 D434 Not Applicable
33328 BR USA	33328 USA	CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent		
Name JON L. HASKEN		
Street Address (P.O. Box Number is Not Acceptable) 5400 SOUTH UNIVERSITY DRIVE		
Suite, Apt. #, Etc.		
City DAVIE		State Zip Code 5337 8
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 Date		
10. Names and Street Addresses of Managing Me	mhare/Managere	
Titles Name of Managing Members/ Manag	Street Address of Eac	
0.7.	-1 - 5-400 SOUTH	UNITRESTRA
MAMAN Busto MANICETIVE	Soulds, DRIVE, SUT	TENI DAVIE FROKIDA
2 MANAGHE MOME		333 78
		20 0043329542 _ 01/14/0501046005_**150.00
	2002-20	<i>x</i> 3
	2014-77	多 200043329512 12/10/0401031001 **155.00
DIMCT	77777717117007 80	12/10/0401031001 **155.00
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filing this reinstatement application the reason for	or dissolution has been eliminated, the limited liability comve been paid. The information indicated on this application	polication as provided for in chapter 608, F.S. I further certify that when pany name satisfies the requirements of section 608.406, F.S., and that is true and accurate, and my signature shall have the same legal effect
Signature of Managing Member/Manager Date 17/9 64 Daytime Phone # 954-689-4844		
Typed or printed name of signing Managing Member/Manager		