

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L99000001087

Entity Name: A LA CARTE ACQUISITION, L.C.

FILED
Jan 08, 2007
Secretary of State

Current Principal Place of Business:

5400 SOUTH UNIVERSITY, SUITE 111
DAVIE, FL 33328

New Principal Place of Business:

944 RICHMOND ROAD
EAST MEADOW, NY 11554

Current Mailing Address:

5400 SOUTH UNIVERSITY, SUITE 111
DAVIE, FL 33328

New Mailing Address:

944 RICHMOND ROAD
EAST MEADOW, NY 11554

FEI Number: 65-0170434 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HASKEW, JON L
5400 SOUTH UNIVERSITY, SUITE 111
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

HASKEW, JON L
1550 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JON L. HASKEW

01/08/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GUSTO MARKETING SERV, ICES, LLC
Address: 5400 SOUTH UNIVERSITY, SUITE 111
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SOLICITO, PAUL P PRES
Address: 944 RICHMOND ROAD
City-St-Zip: EAST MEADOW, NY 11554

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PAUL P. SOLICITO

PRES

01/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date