

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

00 DEC 26 PM 12:39

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT #

L99-1596

1. Limited Liability Company's Name

The Dock Street Group, LLC

REINSTATEMENT 2000

2. Principal Office Address

60 Kon Tiki Circle

Suite, Apt. #, etc.

City & State

St. Augustine, FL

Zip

Country

32080 USA

3. Mailing Office Address

60 Kon Tiki Circle

Suite, Apt. #, etc.

City & State

St. Augustine, FL

Zip

Country

32080 USA

4. State/Country of Formation

Florida / United States

5. Date Organized or Qualified To Do Business in Florida

3/20/99

6. FEI Number

593578804

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$500 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Robert M. Fortson IV

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

60 Kon Tiki Circle

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32080

000003855950-6 -03/16/01-01059-016 ***150.00-***150.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/22/00

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. Includes Nathan Straus and Justin Hever.

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.

Signature of Managing Member/Manager

[Signature]

Date 12/22/00

Daytime Phone#

904-392-3922

Typed or printed name of signing Managing Member/Manager

Robert M. Fortson IV

904-471-3315

CR2E041 (9/00)