

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -9 PM 1:02

DOCUMENT # L 99000005849

1. Limited Liability Company's Name  
F&B INVESTMENTS, L.L.C.

**REINSTATEMENT 2000**

2. Principal Office Address <u>998 W. Flagler St</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>525 Melaleuca Lane</u> Suite, Apt. #, etc.		State/Country of Formation <u>Florida, U.S.</u>	
City & State <u>Miami, FL</u>		City & State <u>Miami, FL</u>		5. Date Organized or Qualified To Do Business in Florida <u>Sept 20, 1999</u>	
Zip <u>33130</u>	Country <u>USA</u>	Zip <u>33137</u>	Country <u>USA</u>	6. FEI Number <u>650948433</u>	
				Applied For <input checked="" type="checkbox"/> Not Applicable	
				7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$500 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name of Agent <u>Philip Robert Consolo III</u>		100003478961-9	
Street Address (P.O. Box Number is Not Acceptable) <u>525 Melaleuca Lane</u>		-11/28/00-01097-020 ***150.00 ***150.00	
Suite, Apt. #, Etc.		100003478961-9	
City <u>Miami</u>		-11/28/00-01097-021 State ***5.00 ***5.00	
		FL <u>33137</u>	

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 Philip Robert Consolo III Date 11.7.00  
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MGR</u>	<u>Philip Robert Consolo</u>	<u>525 Melaleuca Lane</u>	<u>Miami, FL 33137</u>
<u>MANAGING MEMBER</u>	<u>FRED I Q. Consolo</u>	<u>998 W. Flagler St.</u>	<u>Miami, FL 33130</u>

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.

Signature of Managing Member/Manager Philip Robert Consolo III Daytime Phone # 305 543264  
Typed or printed name of signing Managing Member/Manager Philip Robert Consolo III

CR2E041 (9/00)