## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	Katheri Secretai DIVISION OF	RTMENT OF STATE  ne Harris  ry of State  corporations	SE(	FILED PRETARY OF STAT ON OF CORPORAT  DEC. 21 PM 3:	e 10#5 06	
DOCUMENT # L 99 00			011	JEU ZI TII O		
Island Restaurent	-Ventures, (	LC .				
2. Principal Office Address	Principal Office Address  3. Mailing Office Address  5555 College Rd.  5555 College Rd.		4. State/Countr	y of Formation		ה ו נו
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Florida / USA  5. Date Organized or Qualified To Do Business in Florida 9/24/99			
City & State  Ky West, FL  Zip Country	West FL King West PC		6. FEI Number Applied For Not Applicable (S000-04/810-04/8			
33040 USA	23040	US A Address of Current Register	CERTIFICATE OF STATUS DESIRED (Confidence of Status)			]
Name    Doing   G J . Bel   Boll   Bo						:
9. I, being appointed the registered agent of the about Signature of Registered Agent	ve named limited liability of		accept the obligation	1	20/0 J	CR2E041 (9/01)
10. Names and Street Addresses of Managing Mer	nbers/Managers	0				
Titles Name of Managing Members/Manage		Street Address of Each Managing Member/Manager  5555 College Rd.		City/State/Zip Rey West, FU 83040		)   
				2	0	
			C	BR 50		Automotive Control
REINSTATEM	ent acc	<u>)/</u>		- 73	o nc	Mark Control to Contro
11. I certify that I am managing member/manager of fing this reinstatement application the reason for all fees owed by the limited lightlifty company have as if made under oath.	dissolution has been elimi	nated, the limited liability com-	pany name satisfies	the requirements of sect	ion 608.406, F.S., and that	A Company of the Comp
Signature of Managing Member/Manager  Typed or printed name of signing Managing Member/	1 Beau DAU	glas J. Bell	/20/01 Day	rtime Phone #	-296-7101	and the second
Types or printed name or signing Managing Member/	manager	100 - 3011				