

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

M01000002581

FILED

03 DEC -1 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M01000002581

Name and Mailing Address

0003090 01 AT 0.292 **AUTO T4 0 0615 32771-405100



THE FATHER'S TABLE, L.L.C.
2100 COUNTRY CLUB ROAD
SANFORD FL 32771-4051



2. New Mailing Address		4. State/Country of Formation NV	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/14/2001	
Principal Place of Business 2100 COUNTRY CLUB ROAD SANFORD FL 32711	3. New Principal Place of Business Address	6. FEI Number 59-3497806	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

10. 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 PETER F. SOUZA**
 REGISTERED AGENT MUST SIGN
 Date: 11/24/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	GILARDI MANAGEMENT SERVICES LLC	2531 TILLER LANE 615 Copeland Mill Road Suite 1-D	COLUMBUS OH Westerville Ohio 43081
			200025086772 12/01/03--01011--018 **150.00 12/8/03

REINSTATEMENT

12. 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: **SIGNATURE REQUIRED**
 Date: 11-11-03 Daytime Phone #: 614-882-1418
 Typed or printed name of signing Managing Member/Manager: John L. Schlater Manager

CR2E084 (7/03)