

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT APPLICATION
M01000002635

APPROVED
AND
FILED

03 JAN -8 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M01000002635

Name and Mailing Address

0007793 01 FP 0.352 **PRSR T4 0 0615 34285-200449



THE SODA FOUNTAIN, LLC
349 WEST VENICE AVE.
VENICE FL 34285-2004

REINSTATEMENT 2002-2003



2. New Mailing Address		4. State/Country of Formation SC	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/19/2001	
Principal Place of Business 349 WEST VENICE AVE. VENICE FL 34285	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 58 24 585 37	Applied For Not Applicable
8. Name and Address of Current Registered Agent ALBRITTON, LARRY 349 WEST VENICE AVE. VENICE FL 34285		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable) 600009956416	
		City 01/08/03--01051--008 **205.00 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 Date 1/6/03 REGISTERED AGENT MUST SIGN			
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	ALBRITTON, LARRY	349 WEST VENICE AVE.	VENICE FL 34285

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 Date 1/6/03 Daytime Phone # 941-480-9647

Typed or printed name of signing Managing Member/Manager