


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M0200000817					
1. Limited Liability Company's Name LIAR'S CLUB, LLC.					
2. Principal Office Address			3. Mailing Office Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	Zip	Country
		33604			

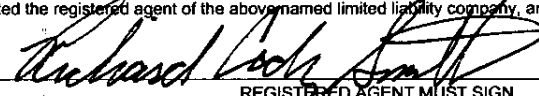
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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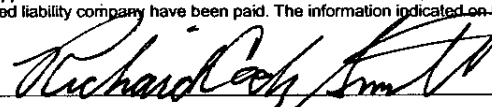
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4. State/Country of Formation GEORGIA	
5. Date Organized or Qualified To Do Business in Florida 2002	
6. FEI Number 010640404	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name RICHARD CODY SMITH		
Street Address (P.O. Box Number is Not Acceptable) 6005 N SUWANEE AVE		
Suite, Apt. #, Etc.		
City TAMPA	State FL	Zip Code 33604

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 	Date 6-28-04
REGISTERED AGENT MUST SIGN	

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	RICHARD CODY SMITH	6005 N SUWANEE AVE	TAMPA, FL, 33604

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 	Date 6-28-04	Daytime Phone # 813-237-2191	407-822-6296
Typed or printed name of signing Managing Member/Manager RICHARD CODY SMITH			

CR2E041 (10/02)