

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

01 NOV 16 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000001038

1. Limited Liability Company's Name

MARGARITAVILLE HOLDINGS LLC

2. Principal Office Address

256 WORTH AVENUE

Suite, Apt. #, etc.

SUITE Q

City & State

PALM BEACH, FL

Zip

33480

Country

USA

3. Mailing Office Address

256 WORTH AVENUE

Suite, Apt. #, etc.

SUITE Q

City & State

PALM BEACH, FL

Zip

33480

Country

USA

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

58-2339130

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

NRAI SERVICES, INC.

500004707065-6

-12/06/01--01003--025

Street Address (P.O. Box Number is Not Acceptable)

526 E. PARK AVENUE

****150.00 ****150.00

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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

Steve Mjio

CPA

Date 10/28/01

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.	JIMMY BUFFETT	1880 CENTURY PARK EAST, #1600	LOS ANGELES, CA 90067
MGR.	HOWARD KAUFMAN	9200 SUNSET BLD, SUITE 1000	LOS ANGELES, CA 90069
MGR.	IRWIN RENNERT	1880 CENTURY PARK EAST, #1600	LOS ANGELES, CA 90067
MGR.	JOEL KATZ	3423 PIEDMONT ROAD #200	ATLANTA, GA 30305
CEO.	JOHN COHLAN	256 WORTH AVE., SUITE Q	PALM BEACH, FL 33480

REINSTATEMENT

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 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

Irwin Rennert

Date

11/2/01

Daytime Phone #

310-553-1707

Typed or printed name of signing Managing Member/Manager

IRWIN RENNERT

CR2E041 (9/01)