

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

02 JAN 18 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # MA0000001994
1. Limited Liability Company's Name
SC COLLINS LLC

REINSTATEMENT 2001-2002

2. Principal Office Address
1685 COLLINS AVENUE
Suite, Apt. #, etc.
C/O DELANO
City & State
MIAMI BEACH FL
Zip
33139 Country
MIAMI DADE

4. State/Country of Formation
DELAWARE
5. Date Organized or Qualified To Do Business in Florida
12-15-99
6. FEI Number
65-0966345 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
CORP DIRECT AGENTS, INC. 300004791413 -- 7
Street Address (P.O. Box Number is Not Acceptable)
103 N Meridian Street -01/23/02--01046-002
Suite, Apt. #, Etc.
LOWER LEVEL 32301 *****50.00 *****50.00
City
Tallahassee 300004791413 -- 7
State
FL -01/23/02--01046-003
*50.00 *****50.00

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 Pam Wolfe Pam Wolfe Date 1/18/02
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
	<u>SC MORGANS /</u>	<u>c/o China Grill Management</u>	
	<u>Delano LLC</u>	<u>16400 NW Second Avenue</u>	
		<u>Suite 200</u>	<u>Miami FL 33169</u>
		<u>1st</u>	

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 [Signature] Date 1-17-02 Daytime Phone # 305-957-0600
Typed or printed name of signing Managing Member/Manager JACK POLESBERG VICE PRESIDENT OF

CR2E041 (9/00)