

19900001994

AUG-11-2004 4:22

Division of Corporations

C T CORPORATION

P.01/02

Page 1 of 1

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000165242 3))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)222-9428

SECRETARY OF STATE  
TAMM CORSE

2004 AUG 11 A 9:41

FILED

LIMITED LIABILITY REINSTATEMENT

SC COLLINS LLC

RECEIVED  
04 AUG 11 PH 3:50  
DIVISION OF CORPORATION

Certificate of Status	(1)
Certified Copy	(1)
Page Count	02
Estimated Charge	\$205.00

2599

# 235.00


Name Availability	
Document Examiner	
Updater	
Reviewer	
Adjudgment	DCC
W. P. Verifier	DCC

Electronic Filing Menu

Corporate Filing

Public Access Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Jim Smith Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # M99000001994</b>			
1. Limited Liability Company's Name <b>SC Collins LLC</b>			
2. Principal Office Address <b>1685 Collins Avenue</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>1685 Collins Avenue</b> Suite, Apt. #, etc.	
City & State <b>Miami Beach, FL</b>		City & State <b>Miami, FL</b>	
Zip <b>33139</b>	Country <b>USA</b>	Zip <b>33139</b>	Country <b>USA</b>
4. State/Country of Formation <b>Delaware</b>		5. Date Organized or Qualified To Do Business in Florida <b>December 15, 1999</b>	
6. FEI Number <b>650966345</b>		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			

RECEIVED  
 2004 AUG 11 A 9:41  
 REINSTATEMENT

8. Name and Address of Current Registered Agent		
Name <b>China Grill Management, Inc.</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>16400 N.W. 2nd Avenue</b>		
Suite, Apt. #, Etc. <b>Suite 200</b>		
City <b>Miami</b>	State <b>FL</b>	Zip Code <b>33169</b>

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of Registered Agent **BY: Neil Faggen, Vice President** Date **8/4/04**

REGISTERED AGENT MUST SIGN

10. Name and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SC Morgans/Delano, LLC	c/o 16400 N.W. 2nd Ave., Suite 200	Miami, FL 33139

**REINSTATEMENT 03-04**  
 Dec

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 605.406, 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 **By: Neil Faggen, V.P. of Asia de Cuba, Inc.** Date **8/4/04** Daytime Phone # **(305) 957-0800**

Typed or printed name of signing Managing Member/Manager **Neil Faggen, V.P. of Asia de Cuba, Inc., Manager of SC Morgans/Delano, LLC, MGRM**