

L02000027418

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED 03 DEC -9 1:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L02000027418

1. Limited Liability Company's Name: International Produce Wholesalers, LLC

2. Principal Office Address 328 Crandon Boulevard

3. Mailing Office Address 328 Crandon Blvd

4. State/Country of Formation Florida

Suite, Apt, #, etc. Suite 226

Suite, Apt, #, etc. 226

5. Date Organized or Qualified To Do Business in Florida 10/16/2002

City & State Key Biscayne, FL

City & State Key Biscayne, FL

6. FEI Number 55-0802148 Applied For Not Applicable

Zip 33149 County MIAMI-DADE

Zip 33149 County Miami Dade

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Lizabeth F. Calvo

Street Address (P.O. Box Number is NOT Acceptable) 328 Crandon Boulevard

Suite, Apt, #, etc. Suite 226

City Key Biscayne

State FL Zip Code 33149

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 [Signature]

Date 12/8/03

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Row 1: Manager, Domingo E. Cortinez, 328 Crandon Boulevard Suite 226, Key Biscayne FL 33149

REINSTATEMENT 2063

[Handwritten initials]

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 12/8/03

Daytime Phone # 305-365-0902

Type or print name of signing Managing Member/Manager Domingo E. Cortinez, Manager