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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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08/22/06--01019--019 **255.00

DOCUMENT # M01000002928

1. Limited Liability Company's Name
Best Value Food Products LLC

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
5600 1st Ave	1481 President St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brooklyn, NY	City & State: Brooklyn, NY
Zip / Country: V.S.A	Zip: 11213 / Country: U.S.A

4. State/Country of Formation: IA, U.S.A
5. Date Organized or Qualified To Do Business in Florida: 12/31/01
6. FEI Number: 42-1527138 ☐ 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: JACOB GOLDMAN
Street Address (P.O. Box Number is Not Acceptable): 5005 Collins Ave
Suite, Apt. #, Etc.: APT # 819
City: Miami Beach | State: FL | Zip Code: 33140

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: Jacob Goldman Date: 8-9-2006
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	Gitle Goldman	6851 NW 32nd Ave	Miami FL 33147

REINSTATEMENT 04-06

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 608.408, 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: _____ Daytime Phone # 305-691-0700

Typed or printed name of signing Managing Member/Manager: Gitle Goldman