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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

M01000002928

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
AND
FILED
03 APR -1 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M01000002928

Name and Mailing Address

0006940 01 FP 0.352 **PRSRT T1 0 0615 11220-255899
BEST VALUE FOOD PRODUCTS, LLC
5600 1ST AVE.
BROOKLYN NY 11220-2558

000015033330
04/01/03--01062--017 **200.00

CR2E084 (8/02)

2. New Mailing Address
1481 President Street

City, State, Zip
Brooklyn, NY 11213

4. State/Country of Formation
IA

5. Date Organized or Qualified To Do Business in Florida 12/31/2001

Principal Place of Business
5600 1ST AVE.
BROOKLYN NY 11220

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number — 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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

City — FL — Zip Code

10. 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 Dolores Butler, asst VP Date 3/24/03
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BEST VALUE FOOD PRODUCTS, LLC	5600 1ST AVE.	BROOKLYN NY 11220
			2002-2003
		REINSTATEMENT	

12. 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 Jacob Goldman Date 3/11/03 Daytime Phone # 305-691-0700

Typed or printed name of signing Managing Member/Manager