## 2006 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEWENT								
DOCUMENT # P05000134532  1. Entity Name GRAPEVINE DELI INC						C6 C3T 11 " 11 Is		
Principal Place of Business Mailing Address					•	1 / / /		
ļ '			48 SW 2ND STREET					
48 SW 2ND STREET Gainesville, Fl 32601			GAINESVILLE, FL 32601		c	<b>≯</b> 4710∟	The same of the sa	
GAINESVILLE, FL 32001			GAINESVILLE, LE 32001			No		
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2. Principal Place of Business			3. Mailing Address			1    <b>        </b>		
						1100000		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		10052000	STATE WEST 2006 W		
City & State			City & State			4. FEI Numb	per Applied For	
·					20-3	per Applied For Not Applicable		
Zip		Country	Zip	Cour	ntry		- \$8.75 Additional	
						5. Certificate	e of Status Desired Fee Required	
	6. Name	and Address of Current	Registered Agent	7. Name and Address of New Registered Agent				
				Name Gonnie Derway				
BLACK, M					Street Address (P.O. Box Number is Not Acceptable)  ### SW And St			
4623 NW 5					Street Address	C.U. Box Numb	per is Not Acceptable)	
GAINESVI	LLE, FL 3	32606			78			
					City Cain	esuille,	FL Zin Code	
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		tered agent.	or the purpose of changing its	register	ed office or registe	red agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
	12	· · · · · · · · · · · · · · · · · · ·					12/1/21	
SIGNATURE Conne Derway 10/6/06								
Signature, typed or printed name of registered agent and title il policable. (NOTE: Registered Agent algorithm required when reinstating)								
· ·								
l		FEE IS \$150.00					In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Atter Jan	uary 1, 20	07, Fee will be \$300.	90				corporation did not receive the prior flotice.	
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D		☐ Delete	TITL	.E		☐ Change ☐ Addition	
NAME	DERWAY	, CONNIE		NAN	AE		900080875139	
STREET ADDRESS	48 SW 21	ID STREET		STR	EET ADDRESS	10	/16/0601043004 **150.00	
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STREET ADDRESS					EET ADDRESS			
CITY-ST-ZIP	[				r-ST-ZIP			
	L Cortifu that th	e information supplied wit	h this filing does not qualify fo			d in Chanter 11	9, Florida Statutes, I further certify that the information	
indicated	on this repo	rt or supplemental report	is true and accurate and that I	my signa	ature shall have the	same legal effe	ect as if made under oath; that I am an officer or director	
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.								
SIGNAT	URF.(	conne L	Leway				10/6/06 352-727-8930	
JOIGHTAL	J. (L. 2		PRINTED NAME OF SIGNING OFFICER	OR DIREC	TOR		Date Davime Phone #	