PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
12 MAY 14 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000012671

1. Corporation Name
CHEESE TRADING CO.

REINSTATEMENT 12

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
700 Plaza Drive	700 Plaza Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
c/o Jana Foods LLC, Second Floor	c/o Jana Foods LLC, Second Floor
City & State	City & State
Secaucus, NJ	Secaucus, NJ
Zip / Country	Zip / Country
07094 / USA	07094 / USA

4. Date Incorporated or Qualified To Do Business In Florida: 02/07/1997

5. FEI Number: 65-0729535 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Luis Tejeiro

Street Address (P.O. Box Number is Not Acceptable): 5959 Blue Lagoon Drive

Suite, Apt. #, Etc.: Suite 312

City: Miami | State: FL | Zip Code: 33126

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JR 5/14

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 5/8/2012

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P/S/T	Diederik C. van Dijk	2 14th Street, Apt. 1023	Hoboken, NJ 07030

10. E-mail Address: Diederik.vanDijk@frieslandcampina.com
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: D.C. VAN DIJK MAY 4 2012 2016557739

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #