## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT					FLORIDA DEPARTMENT OF S Secretary of State DIVISION OF CORPORATIONS		E		T 15	ED A II: 35			
DOCUMENT # L0000000087  1. Limited Liability Company's Name  BEGE FOODS, L.L.C.										OF STATE E. FLORIDA			
,	al Office Addr		AD	3. Mailing C	3. Mailing Office Address			State/Coun	try of Form	nation		7	
Suite, Apt. #, etc.				Suite, Apt. #,	Suite, Apt. #, etc.			USA  5. Date Organized or Qualified To Do Business in Florida 01-04-2000					
City & State BOCA RATON, FL				City & State	City & State			6. FEI Number Applied For					
Zip Country 33432 USA			Zip	Zip Country		7.	7. CERTIFICATE OF STATUS DESIRED   S5.00 Additional Fee require for a Certificate of Status			ed			
8. Name and Address of Current Registered Agent													
•	MARK A. PERRY, ESQ. PERRY & KERN, P.A.  Street Address (P.O. Box Number is Not Acceptable) 50 S.E. 4TH AVENUE												
	Suite, Apt. #, Etc.								State FL	Zip Code			
DELRAY BEACH						A41 1 100 101 A 411 1 1 1				33483		<b>7</b> 8	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and Signature of Registered Agent REGISTERED AGENT MUST SIGN									Date				
<b>10.</b> Name	es and Street	Addresse	s of Managing	Members/Managers	3							1	
Titles	-	Managing	Name of Members/Ma	nagers	Street Address of Ea Managing Member/Mar								
MGR	CHARLES H BEACH				267 KEY PALM ROAD			BOCA RATON, FL. 33432					
**************************************							<u></u>	, <del>5.</del>	, JOO	4 <u>1,908</u> 4.	<u> 15</u>	-	
						· · · · · · · · · · · · · · · · · · ·	•	114413	/ <del>//</del>	<del>U1USI - U17 - *</del>			
		in the facts			290 8	gr-en	CUS 1	10715.		1.503*** 1.091017**	*305.00	]	
										•			
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  Date  Daytime Phone # 561 - 347.8070													
Typed or printed name of signing Managing Member/Manager CHARLES H. BEACH											- [		



50 S.E. FOURTH AVENUE DELRAY BEACH, FLORIDA 33483

TELEPHONE 561.276.4146 FACSIMILE 561.276.3859

October 14, 2004 Via Federal Express MARK A. PERRY KEITH D. KERN

REAL ESTATE PARALEGAL MICHELLE D. EDWARDS LEGAL ASSISTANTS SALLY M. TAYLOR JENNIFER L. TORRENCE

Florida Department of State - Division of Corporations Registration Section 403 E. Gaines St. Tallahassee, FL 32399

BEGE FOODS, LLC RE:

DOCUMENT NUMBER L00000000087: FEI NUMBER 650970701

REINSTATEMENT SECTION.

Dear Mr. Toner:

This office represents Charles H. Beach regarding BEGE FOODS, L.L.C. Mr. Beach has recently discovered that the limited liability company was inactive. Therefore, I have enclosed the Limited Liability Reinstatement Form regarding BEGE FOODS, L.L.C. Also enclosed is our check in the amount of \$305.00 representing \$300.00 for the Reinstatement Fee and the \$5.00 for the Certificate of Status fee to reinstate BEGE FOODS, L.L.C.

If you should have any questions, please do not hesitate to contact me. Your assistance in this matter is greatly appreciated.

Yours truly,

Mark A. Perry

:sms **Enclosures**