

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 30 AM 9:10

DOCUMENT # L000000001178

1. Limited Liability Company's Name

FRONTIER FRESH of INDIAN RIVER, L.L.C.

800097210888
02/05/07-- 01004--015 **200.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

120 43rd Ave. S.W.

Suite, Apt. #, etc.

3. Mailing Office Address

120 43rd Ave. S.W.

Suite, Apt. #, etc.

City & State

VERO BEACH, FL.

City & State

VERO BEACH, FL.

Zip

32968

Country

USA

Zip

32968

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

02/01/2000

6. FEI Number

650980212

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

BRIAN D. STORK

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

120 43rd Ave. S.W.

Suite, Apt. #, Etc.

City

VERO BEACH

State

FL

Zip Code

32968

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Brian D. Stork

REGISTERED AGENT MUST SIGN

Date

1-26-07

[Signature]

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 | BRIAN D. STORK | 120 43 rd Ave. S.W. | VERO BEACH, FL. 32968 |
| EVP | MICHAEL D. PERRY | 120 43 rd Ave. S.W. | VERO BEACH, FL. 32968 |
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REINSTATEMENT 06-07

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

Brian D. Stork

Date

1/26/07

Daytime Phone #

(772) 562-2363

Typed or printed name of signing Managing Member/Manager