▲ Tear Here ▲ ▲ Tear Here ▲ ▲ Tear Here ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 26 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000005579

Name and Mailing Address

0002332 01 AT 0.292 **AUTO T1 0 0615 32503-642005

VINTAGE GOURMET, L.L.C.
3005 EAST CERVANTES STREET
PENSACOLA FL 32503-6420

CR2E084 (7/03)

2. New Mailing Address	4. State/Country of Formation: FL
City, State, Zip	5. Date Organized or Qualified To Do Business in Florida: 05/16/2000
Principal Place of Business: 3005 EAST CERVANTES STREET PENSACOLA FL 32503 / 3. New Principal Place of Business Address	6. FEI Number: 59-3645648 ☐ Applied For ☐ Not Applicable
City, State, Zip	7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SHEARLOCK, KEITH T MD 3005 CERVANTES STREET PENSACOLA FL 32503	Name Street Address (P.O. Box) 900029257739 02/26/04--01025--009 **200.00 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 K T SIGNATURE REQUIRED Date
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	SHEARLOCK, KEITH T	3005 CERVANTES STREET	PENSACOLA FL 32503
MGRM	SHEARLOCK, KATHERINE W	3005 CERVANTES STREET	PENSACOLA FL 32503

REINSTATEMENT 03-04

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/Manage SIGNATURE REQUIRED Date 2/1/04 Daytime Phone #

Typed or printed name of signing Managing Member/Manager

621848