PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATI Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE FALLAHASSEE FLORIDA
DOCUMEN 1 # L00000005579 1. Limited Liability Company's Name VINTAGE GOURMET, L.L.C.		·
2. Principal Office Address 1800 YATES AVENUE	3. Mailing Office Address 1800 YATES AVENUE	CR2E041 (8/05) 4. State/Country of Formation
Suite, Apt. #, etc.	Sulte, Apt. #, etc.	FLORIDA 5. Date Organized or Qualified To Do Business in Florida 5/16/2000
City & State PENSACOLA, FL	City & State PENSACOLA, FL	6. FEI Number Applied For 593645648 Not Applied be
Zip Country 32504	Zip Country 32504	7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent		
SHEARLOCK, KEITH T MD		
Street Address (P.O. Box Number is Not Acceptable) 1800 YATES AVENUE 300710000000000000000000000000000000000		
Suite, Apt. #, Etc.		
PENSACOLA		State Zip Code 32504
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 Date 10 More 2007		
10. Names and Street Addresses of Managing Members/Managers		
Titles Name of Managing Members/Managing	Street Address of Managing Member	
MGRM SHEARLOCK, KEITH T	1800 YATES AVER	NUE PENSACOLA, FL 32504
REPOSTATEMENT CO-07		
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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 Daytime Phone # (850) 516-8228		
Typed or printed name of signing Managing Member/Manager KEITH T SHFARLOCK MD		