

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

03 NOV -7 PM 1:19

DOCUMENT # L0000011184

1. Limited Liability Company's Name

BELGIAN BAKERY, L.L.C.

2. Principal Office Address

1045 Collier Center Way

Suite, Apt. #, etc.

Unit 5

City & State

Naples, FL

Zip

34110

Country

U.S.

3. Mailing Office Address

1045 Collier Center Way

Suite, Apt. #, etc.

Unit 5

City & State

Naples, FL

Zip

34110

Country

U.S.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

9/15/00

6. FEI Number

65-1045304

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

Ingo Wullaert

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

4030 33rd Avenue NE

800024496298

Suite, Apt. #, Etc.

11/07/03--01003--010 **150.00

City

Naples

State

FL

Zip Code

34120

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

[Handwritten Signature]

Date 11/5/03

REGISTERED AGENT MUST SIGN

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
MGRM	Ingo Wullaert	4030 33rd Avenue NE	Naples, FL 34120
MGRM	Leslie Therry	4030 33rd Avenue NE	Naples, FL 34120

REINSTATEMENT

800024496298
11/07/03--01003--011 **50.00

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

[Handwritten Signature] M76

Date 11/5/03

Daytime Phone# 239-348-9510

Typed or printed name of signing Managing Member/Manager Ingo Wullaert

CR2E041 (10/02)