

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

L00000011454

1. Limited Liability Company's Name

A Passion for Food, L.L.C.

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-12/11/01--01004--022
****150.00 ****150.00

2. Principal Office Address

4401 Bayshore Blvd., N.E.

Suite, Apt. #, etc.

City & State

St. Petersburg, Florida

Zip

33703

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida 9/21/00

6. FEI Number

59-36733-73

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

J. Eric Taylor

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

101 E. Kennedy Blvd.

Suite, Apt. #, Etc.

Suite 2700

City

Tampa

State

FL

Zip Code

33602

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

REGISTERED AGENT MUST SIGN

Date 10/12/01

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
Name	Sandra M. Morawski	4401 Bayshore Blvd., N.E.	St. Petersburg, FL 33703

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

Sandra M. Morawski

Date

10/12/01

Daytime Phone #

727-522-2882

Typed or printed name of signing Managing Member/Manager

Sandra M. Morawski

CR2041 (9/00)