

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L01000007875 1. Entity Name FAMAS INTERNATIONAL FOOD SERVICE, L.L.C.						FILED 08 OCT -3 PM 1:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5424 CENTRAL FL PKWY ORLANDO, FL 32821				Mailing Address 5424 CENTRAL FL PKWY ORLANDO, FL 32821			
2. Principal Place of Business - No P.O. Box # 5474 CENTRAL FL PKWY Suite, Apt. #, etc.				3. Mailing Address 5474 CENTRAL FL PKWY Suite, Apt. #, etc.			
City & State ORLANDO FL				City & State ORLANDO FL			
Zip 32821		Country		Zip 32821		Country	
4. FEI Number 59-3720648				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent PETRARCA, FRANCO 5474 CENTRAL FL PKWY ORLANDO, FL 32821				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50				In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PETRARCA, FRANCO 5521 SASSAPARILLA LANE ORLANDO, FL 32821 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 200136618042 10/03/08--01055--006 **138.75 </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PETRARCA, ANTONIO 5521 SASSAPARILLA LANE ORLANDO, FL 32821 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> REINSTATEMENT 2007 up to 10/9/08 </div> <div style="width: 50%; text-align: center;"> Without Penalty </div> </div>							
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: <u>Francisco Petrarca</u>				10-1-08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #			