

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV -7 PM 1:18

1. DOCUMENT # L02000001661

Name and Mailing Address

0011601 01 AT 0.292 \*\*AUTO T3 D 0615 33404-530000



SOUTHERN FRESH FOODS, LLC  
1500 AVENUE P  
RIVIERA BEACH FL 33404-5300



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

01/23/2002

Principal Place of Business

1500 AVENUE P  
RIVIERA BEACH FL 33404

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

26-0036263

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box) 200024516052

11/07/03--01072--014--\*\*150.00

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

*Claudia L. Saari*  
REGISTERED AGENT MUST SIGN

Claudia L. Saari  
Asst. Secretary

Date *11/3/03*

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

*mgm*  
MEMBER

SHERWOOD FOOD DISTRIBUTORS

18615 SHERWOOD

DETROIT, MICHIGAN 48234

REINSTATEMENT

*03*  
*dec*

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/Manager

SIGNATURE REQUIRED

Date *10/30/03*

Daytime Phone # *(313) 366-3100*

Typed or printed name of signing Managing Member/Manager

*GMM 10/30/03*

CR2E084 (7/03)