PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV -1 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #: L02000009332

1. Limited Liability Company's Name
CENTRAL FLORIDA DONUT DISTRIBUTION CENTER LLC

2. Principal Office Address	3. Mailing Office Address
2550 MICHIGAN AVE	2550 MICHIGAN AVE
Suite, Apt. #, etc.: BLDG 3 STE G	Suite, Apt. #, etc.: BLDG 3 STE G
City & State: KISSIMMEE, FL	City & State: KISSIMMEE, FL
Zip: 34744 Country: VOLUSIA	Zip: 34744 Country: VOLUSIA

4. State/Country of Formation: FLORIDA/VOLUSIA

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: 51-0421499

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee for a Certificate of

8. Name and Address of Current Registered Agent

Name: RANDY K KOPELMAN

Street Address (P.O. Box Number is Not Acceptable): 2550 MICHIGAN AVE

Suite, Apt. #, Etc.: BLDG 3 STE G

City: KISSIMMEE State: FL Zip Code: 34744

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: Randy Kopelman Date: 10/25/04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	RANDALL K KOPELMAN	2550 MICHIGAN AVE BLD 3 STE G	KISSIMMEE, FL 34744

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11/01/04--01063--008 **150.00

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 wi n 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 at 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 e ect as if made under oath.

Signature of Managing Member/Manager: Randy Kopelman Date: 10/25/04 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: