PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 29 AM 8:31

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

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. Building 3 Suite G	Suite, Apt. #, etc. Building 3 Suite G
City & State Kissimmee FL	City & State Kissimmee FL
Zip 34744 Country USA	Zip 34744 Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 4/28/2003

6. FEI Number: 510421499 ☐ 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: JASON Turchiano

Street Address (P.O. Box Number Is Not Acceptable): 2550 Michigan Ave

Suite, Apt. #, Etc.: Building 3 Suite 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: [signature] Date: 12/15/06

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	James D. Huber	429 Ridge Road Fern Park, FL 32730	Fern Park, FL 32730
MGRM	Ahmed Rasool	12236 S. Apopka Vineland Rd Orlando, FL 32836	
MGRM	Jason Turchiano	1440 Whitegiar Dr Ocoee FL 34761	
	[illegible]	05-06	400092815744 12/29/06--01018--005 **200.00

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: [signature] Date: 12/15/06 Daytime Phone # 407-509-7734

Typed or printed name of signing Managing Member/Manager: Jason Turchiano