

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenn E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 AM 10:52

1. DOCUMENT # L02000022333

Name and Mailing Address

0001069 01 AT 0.292 **AUTO T6 1 0615 32034-548508



CAROLYN'S FINE FOODS, LLC
5472 FIRST COAST HIGHWAY, SUITE 8
AMELIA ISLAND FL 32034-5485

700024529887
11/10/03--01009--005 **150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/28/2002	
Principal Place of Business 5472 FIRST COAST HIGHWAY, SUITE 8 AMELIA ISLAND FL 32034	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 55-0795371	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent FRASER, CAROLYN B 5472 FIRST COAST HIGHWAY, SUITE 8 AMELIA ISLAND FL 32034		9. Name and Address of New Registered Agent Name Carolyn B Fraser Street 5472 First Coast Highway City Amelia Is FL Zip Code 32034	
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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 [Signature] **SIGNATURE REQUIRED** Date _____
REGISTERED AGENT MUST SIGN

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
Owner	Carolyn B Fraser	1865 Highland Drive	Amelia Is, FL 32034

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] **SIGNATURE REQUIRED** Date 10/14/03 Daytime Phone # 904-277-6644

Typed or printed name of signing Managing Member/Manager: Carolyn B Fraser

CR2E034 (7/03)