


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 2005 JAN 14 PM 2:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA																									
DOCUMENT # <u>L0300023108</u>																													
1. Limited Liability Company's Name Bizkaia Specialty Foods, LLC																													
2. Principal Office Address 7740 Camino Real Suite, Apt. #, etc. Apt G-311 City & State Miami, FL Zip 33143		3. Mailing Office Address PO Box 431244 Suite, Apt. #, etc. City & State Miami, FL Zip 33243		4. State/Country of Formation Florida, USA 5. Date Organized or Qualified To Do Business in Florida 07/01/2003 6. FEI Number 05-0577379 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status																									
8. Name and Address of Current Registered Agent Name <u>Alberto C. Imperatori</u> 500044706005 Street Address (P.O. Box Number is Not Acceptable) <u>8455 SW 74 Terrace</u> Suite, Apt. #, Etc. City <u>Miami</u> 01/13/05--01064--001 **150.00 State <u>FL</u> Zip Code <u>33143</u>																													
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 <u>[Signature]</u> Date <u>1/9/05</u> REGISTERED AGENT MUST SIGN																													
10. Names and Street Addresses of Managing Members/Managers <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Managing Members/Managers</th> <th style="width: 30%;">Street Address of Each Managing Member/Manager</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>Alberto Imperatori</td> <td>8455 SW 74 Terr</td> <td>Miami, FL 33143</td> </tr> <tr> <td>MGRM</td> <td>Maria A. Imperatori</td> <td>8455 SW 74 Terr</td> <td>Miami, FL 33143</td> </tr> <tr> <td>MGRM</td> <td>Eduardo Sampedro</td> <td>7740 Camino Real G-311</td> <td>Miami, FL 33143</td> </tr> <tr> <td>MGRM</td> <td>Maria A. Sampedro</td> <td>7740 Camino Real G-311</td> <td>Miami, FL 33143</td> </tr> <tr> <td colspan="4" style="text-align: center;"> <div style="border: 2px solid black; padding: 5px; display: inline-block;"> REINSTATEMENT </div> </td> </tr> </tbody> </table>						Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGRM	Alberto Imperatori	8455 SW 74 Terr	Miami, FL 33143	MGRM	Maria A. Imperatori	8455 SW 74 Terr	Miami, FL 33143	MGRM	Eduardo Sampedro	7740 Camino Real G-311	Miami, FL 33143	MGRM	Maria A. Sampedro	7740 Camino Real G-311	Miami, FL 33143	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> REINSTATEMENT </div>			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip																										
MGRM	Alberto Imperatori	8455 SW 74 Terr	Miami, FL 33143																										
MGRM	Maria A. Imperatori	8455 SW 74 Terr	Miami, FL 33143																										
MGRM	Eduardo Sampedro	7740 Camino Real G-311	Miami, FL 33143																										
MGRM	Maria A. Sampedro	7740 Camino Real G-311	Miami, FL 33143																										
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> REINSTATEMENT </div>																													
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 <u>[Signature]</u> Date <u>1/9/5</u> Daytime Phone # <u>3059265829</u> Typed or printed name of signing Managing Member/Manager <u>ALBERTO IMPERATORI</u>																													

CRZED41 (10/02)