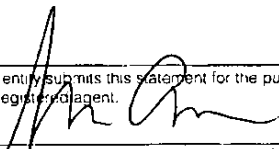
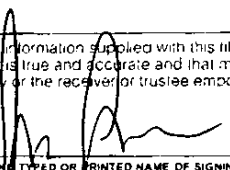


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

SEC. 119
DIVISION

07 OCT 23 PM 3:45

DOCUMENT # L03000028311					
1. Entity Name SOUTH FLORIDA DONUT DISTRIBUTION CENTER, LLC					
Principal Place of Business 2550 SE WILLOWSBY BLVD STUART, FL 34994			Mailing Address 2550 SE WILLOWSBY BLVD STUART, FL 34994		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3777946	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GOOGE, JR, HOWARD E ESQ 401 E. OSCEOLA STREET STUART, FL 34994			Name James E. Allen		
			Street Address (P.O. Box Number is Not Acceptable) 850 NW Federal Highway		
			Suite Suite 223		
			City Stuart FL 34994		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 			James E. Allen 10/11/07		
Signature of individual or printed name of registered agent; and if not applicable, (NOTE: Registered Agent signature required when reinstating)			DATE		
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MATAKARTIS, MICHAEL 1501 SE DECKER AVE STUART, FL 34994	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM James E. Allen 850 NW Federal Highway, Suite 223 Stuart, Florida 34994	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LASKARIS, SPIRO 1501 SE DECKER AVE STUART, FL 34994	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Mark Cafua 850 NW Federal Highway, Suite 223 Stuart, Florida 34994	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FOGAL, CHRISTOPHER 603 N INDIAN ST FT. PIERCE, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400111184724 10/23/07--01018--005 **150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			James E. Allen 10/11/07 5087890804		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		