2007 LIMITED LIABILITY COMPANY REINSTATEMENT

SEC
DIVISI

07 OCT 23 PM 3:45

DOCUMENT # L03000028311

1. Entity Name
SOUTH FLORIDA DONUT DISTRIBUTION CENTER, LLC

Principal Place of Business	Mailing Address
2550 SE WILLOWSBY BLVD STUART, FL 34994	2550 SE WILLOWSBY BLVD STUART, FL 34994

10012007 REIN-LLC CR2E101 (1/07)

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 223 City: Stuart **FL** Zip Code: 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, typed or printed name of registered agent, and title if 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	400111194724 10/23/07--01018--005 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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 Daytime Phone #