

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L03000031023</b> 1. Entity Name <b>ACCUISINE L.L.C.</b>					
Principal Place of Business <b>4777 DOVETAIL DRIVE EAST JACKSONVILLE, FL 32257 US</b>			Mailing Address <b>4777 DOVETAIL DRIVE EAST JACKSONVILLE, FL 32257 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 23901</b>  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State <b>JACKSONVILLE</b>  Zip      Country <b>32241      FLORIDA</b>		4. FEI Number <b>20-0151224</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MALONEY, PETTI 4777 DOVETAIL DRIVE EAST JACKSONVILLE, FL 32257</b>			7. Name and Address of New Registered Agent Name <b>ANNMARIE BHOLA</b> Street Address (P.O. Box Number is Not Acceptable) <b>P.O. Box 23901</b> City <b>JACKSONVILLE</b> FL Zip Code <b>32241</b>		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>3/10/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. MALONEY, PETTI 4777 DOVETAIL DRIVE EAST JACKSONVILLE, FL 32257		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BHOLA, ANN MARIE 4777 DOVETAIL DRIVE JACKSONVILLE, FL 32257	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <b>Ann Marie Bhola</b> <b>3/5/05</b> <b>(904) 262-3922</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					

FILED  
 05 APR 13 PM 4:38  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



03042005 REIN-LLC CR2E101 (6/04)

4. FEI Number **20-0151224** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

**FILE NOW!!! FEE IS \$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  
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**9. MANAGING MEMBERS/MANAGERS**

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**10. ADDITIONS/CHANGES**

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SIGNATURE: **Ann Marie Bhola** **3/5/05** **(904) 262-3922**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #