2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 21, 2005
Secretary of State

DOCUMENT# L04000055045

Entity Name: SAZON TROPICAL -TROPIC TASTE LLC

Current Principal Place of Business:

1174 W. EMBASSY DRIVE
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

1174 W. EMBASSY DRIVE
DELTONA, FL 32725

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MERCADO, KIMBERLY R
1174 W. EMBASSY DRIVE
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

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.

SIGNATURE: TIFFANY REYES

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MERCADO, KIMBERLY R
Address: 1174 W. EMBASY DRIVE
City-St-Zip: DELTONA, FL 32725 US

Title: MGRM ( ) Delete
Name: TAVAREZ, MARIA S
Address: 440 TRESCOTT DRIVE
City-St-Zip: ORLANDO, FL 32817 US

Title: MGR ( ) Delete
Name: CEDENO, FREDY H
Address: 1174 W. EMBASSY DRIVE
City-St-Zip: DELTONA, FL 32725 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: CEDENO, ALICIA
Address: 1174W EMBASSY DR
City-St-Zip: DELTONA, FL 32725 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: FREDY CEDENO MGR 11/21/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date