

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 13 AM 8:48

DOCUMENT # 204 0000 61878

1. Limited Liability Company's Name

FRESHZUCFOOD, LLC

2. Principal Office Address

920 B

3. Mailing Office Address

920 B

Suite, Apt. #, etc.

KENNEDY DR.

Suite, Apt. #, etc.

KENNEDY

City & State

KEY WEST FL

City & State

KEY WEST FL

Zip

33040

Country

MONROE

Zip

33040

Country

MONROE

4. State/Country of Formation

FL MONROE

5. Date Organized or Qualified
To Do Business in Florida

8/20/04

6. FEI Number

20-1689682

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

ARTHUR W. WEBB JR.

Street Address (P.O. Box Number is Not Acceptable)

605 DEY ST. # 205

Suite, Apt. #, Etc.

City

KEY WEST

State

FL

Zip Code

33040

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

REGISTERED AGENT MUST SIGN

Date 11/9/06

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	ARTHUR W. WEBB JR	605 DEY ST # 205	KEY WEST FL 33040
			600091741575 11/13/06--01049--008 **200.00
MEM	CHRIS W. HAMILTON	920 B KENNEDY DR.	KEY WEST FL 33040
			REINSTATEMENT 05-06

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

Date

11/9/06

Daytime Phone # 305/797/0462

Typed or printed name of signing Managing Member/Manager

ARTHUR W. WEBB JR