

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000061133

FILED
Apr 27, 2007
Secretary of State

Entity Name: AMERICAN FOOD SUPPLIER, LLC

Current Principal Place of Business:

848 BRICKELL AVENUE
SUITE 1225
MIAMI, FL 33131

New Principal Place of Business:

4711 SW 75 AVE
MIAMI, FL 33155

Current Mailing Address:

848 BRICKELL AVENUE
SUITE 1225
MIAMI, FL 33131

New Mailing Address:

4711 SW 75 AVE
MIAMI, FL 33155

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LAW OFFICES OF THE GENERAL COUNSEL PA
6187 NW 167 STREET
H-36
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

INTERNATIONAL MIRACLE GROUP INC
3900 NW 79 AVE
SUITE 444
MIAMI, FL 33166 US

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: RUBEN ENRIQUE NICOLINI

04/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HENDERSON, LUIS A
Address: 848 BRICKELL AVENUE SUITE 1225
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HENDERSON, LUIS A
Address: 3227 S PORT ROYALE DR APT C
City-St-Zip: FORT LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LUIS A HENDERSON

MGRM

04/27/2007

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