PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # L05000091460 1. Limited Liability Company's Name Tampa Food Venture LLC 2. Principal Office Address - No P.O. Box # 13 Huntly Drive Surta, Apt. #, etc. 2. Principal Office Address - No P.O. Box # 13 Huntly Drive Surta, Apt. #, etc. City & State Palm Beach Gardens, FL Zip Country Zip Country SECRETARY OF STATE TALLAHASSEE. FLORIDA SECRETARY OF STATE TALLAHASSEE. FLORIDA SECRETARY OF STATE TALLAHASSEE. FLORIDA 1027277/09—01034—010 ***143.75 CR2E041 (10/08) 4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in FloridaSept. 19, 2005 Applied For 20-4665985 Applied For Not Applied For	C	ED LIABILITY OMPANY STATEMENT	EPARTMENT OF STATE occupance of State on of Corporations		FILED 2009 MAR 18 AM 10: 25			
2. Principal Office Address - No P.O. Box # 13 Huntly Drive	<u> </u>					·		
2. Maning Office Address 13 Huntily Drive Surfa, Apt. 4, etc. Surfa, Ap	Tampa Food Venture LLC					02/2		
Substitution of Registered agent Andresses of Managing Members/Managers 10. Names and Address of Managing Members/Managers 11. I priftly that I am managing member/manager or the receiver or Eurise empowered to execute this application as provided for in chapter 658, F.S. 1 priftly Drive 11. I priftly that I am managing member/manager or the receiver for Eurise empowered to execute this application as provided for in chapter 658, F.S. 1 priftly printed to 103 Printed Managing Members/Managers 11. I priftly that I am managing member/manager or the receiver the receiver the rise and according the member of Managing Members/Managers 11. I priftly that I am managing member/manager or the receiver or Eurise empowered to execute the rise application as provided for in chapter 658, F.S. 1 further cartify that when all files or event by the limited flability company here are septimized in the series legal effect or series and or secure to the series legal effect or event by the limited flability company here are septimized as if made under carb.	13 Huntly Drive 13 Hun			y Drive		4. State/Country of Formation		
City & State Palm Beach Gardens, FL Zip 33418 S. Name and Address of Current Registered Agent Name Dexter b. Wakefield Simel Address (P.O. Box Number is Not Acceptable) Since Address of Company, and familiar with and accept the obligations of Chapter 606, F.S. Signature of Registered Agent Managing Members Managers Name of Managing Members Managers Managing Members Managers Name of Managing Members Managers Managing Members Managers Managing Members Managers Managing Members Managers MGRM David C. Wakefield III 108 Bradley Park Anderson, SC 29621 31. Lordity that I am managing memberimanager or the receiver or fourties empressed in place of the in chapter 606, F.S. I further contrib that when a finite feature and accurate, and my signature and accurate, and my signature and large the same legal effect as if muce under coath.	Suite, Apt. #,	, etc.	Suite, Apt. #, etc.	t. #, etc.		5. Date Organized or Qualified		
Same and Address of Current Registered Agent Steel Address of Each Managing Members Managers			' '	•		6. FEI Number Applied For		
Name of Managing Members/Managers Titles Wakefield 13 Huntly Drive 13 Huntly Drive A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this receive the prior notices. By checking this receive the prior notices. By checking this received and requesting the \$100 reinstatement be waived. City Palm Beach Gardens 9. I, being appointed the registered agent, although a name of library and accept the obligations of Chapter 608, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Name and Street Addresses of Managing Members/Managers Titles Managing Members/Managers Titles Wakefield 13 Huntly Drive Palm Beach Gardens, FL 33418 MGRM David C. Wakefield III 108 Bradley Park Anderson, SC 29621 337131-11038-1002 ***272.50 11. I contry 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 608.498, F.S., and that all fees owned by the limited liability company name satisfies the requirements of section 608.498, F.S., and that all fees owned by the limited liability company name satisfies the requirements of section 608.498, F.S., and that all fees owned by the limited liability company name satisfies the requirements of section 608.498, F.S., and that all fees owned by the limited liability company name satisfies the requirements of section 608.498, F.S., and that all fees owned by the limited liability company name satisfies the requirements of section 608.498, F.S., and that all fees owned by the limited liability company name satisfies the requirements of section 608.498, F.S., and that all fees owned by the limited liabil		•	·	1 "		7. CERTIFICATE OF STATUS DESIRED 55.00 Auditional Fee required		
Dexter b. Wakefield Street Address (P.O. Box Number is Not Acceptable) 31 Huntity Drive Sute, Apr. 8, Etc. City Palm Beach Gardens FL 33418 9. 1, being appointed the registered agent of heapter of the programment of		8. Name and Address	of Current Registered	Agent	<u>†</u>			
9. I, being appointed the registered agent of the state of named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Registered Agent MUET SIGN 10. Names and Street Addresses of Managing Members/Managers Titles Managing Members/ Managers Street Address of Each Managing Members/ Managers MGRM Dexter B. Wakefield 13 Huntly Drive Palm Beach Gardens, FL 33418 MGRM David C. Wakefield III 108 Bradley Park Anderson, SC 29621 11. I certify that I am managing members/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 608.466, F.S., and that all fees owed by the limited liability company have been pall information indigated on this application is true and accurate, and my signature shall have the same legal effect as if made under cath.	Dexter b Street Addre 13 Huntl Surte, Apt. #	ess (P.O. Box Number is Not Accepta ly Drive *, Etc.	ble)			in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100		
MGRM Dexter B. Wakefield 13 Huntly Drive Palm Beach Gardens, FL 33418 MGRM David C. Wakefield III 108 Bradley Park Anderson, SC 29621 37 1 4 4 5 1 7 5 3 103 7 2 0 1 1 4 4 5 1 7 5 3 103 7 2 0 1 1 4 4 5 1 7 5 3 103 7 2 0 1 1 1 4 4 5 1 7 5 3 103 7 2 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9. I, being appointed the registered agent of the eboye named limited liabitin company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Date Z-26-09 REGISTERED AGENT MUST SIGN							
MGRM David C. Wakefield III 108 Bradley Park 108 Bradley Park 108 Bradley Park 108 Bradley Park 109 Anderson, SC 29621 119 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Name of		Street Address of Each		нг	City / State / Zip	
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.	MGRM						Palm Beach Gardens, FL 33418	
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Typed or printed name of signing Managing Member/Manager Dexter B. Wakefield								