

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 MAR 18 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300144617653
02/27/09--01034--010 **143.75
CR2E041 (10/08)

DOCUMENT # L05000091460

1. Limited Liability Company's Name

Tampa Food Venture LLC

2. Principal Office Address - No P.O. Box #

13 Huntly Drive

Suite, Apt. #, etc.

3. Mailing Office Address

13 Huntly Drive

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

Zip

33418

Country

USA

Zip

33418

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida **Sept. 19, 2005**

6. FEI Number
20-4665985

☐ 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

Dexter b. Wakefield

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

13 Huntly Drive

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33418

☒ A \$100 reinstatement fee is imposed, except
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
reinstatement be waived.

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

[Signature of Dexter B. Wakefield]

REGISTERED AGENT MUST SIGN

Date **2-26-09**

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
MGRM	Dexter B. Wakefield	13 Huntly Drive	Palm Beach Gardens, FL 33418
MGRM	David C. Wakefield III	108 Bradley Park	Anderson, SC 29621

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03/18/09--01038--002 **272.50

REINSTATEMENT

07-09AZ

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

[Signature of Dexter B. Wakefield]

Date **2-26-09**

Daytime Phone# **561-626-2442**

Typed or printed name of signing Managing Member/Manager

Dexter B. Wakefield