PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
08 JUN -3 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

400130693034

CR2E041 (12/07)

DOCUMENT # L05000099460

1. Limited Liability Company's Name

GOURMAND DISTRIBUTORS LLC 06

c/o Duty Free Electronics

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
801 Brickell Ave.,		201 S. Biscayne Blvd., Suite 2880	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
900		2880	
City & State		City & State	
Miami FL		Miami FL	
Zip	Country	Zip	Country
33131	USA	33131	USA

4. State/Country of Formation
FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida 10/10/05

6. FEI Number ☐ 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
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City	State	Zip Code
Tallahassee	FL	32301

☐ 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 _____ REGISTERED AGENT MUST SIGN Date 6/3/08

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
MGR	Sebastian Arias-Duval	201 S. Biscayne Blvd., Ste 2880	Miami, FL 33131

REINSTATEMENT 2006-2008

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 06/02/08 Daytime Phone # (305) 913-1619

Typed or printed name of signing Managing Member/Manager Sebastian Arias-Duval

CORPORATION SERVICE COMPANY

L05000099460

ACCOUNT NO. : 072100000032

REFERENCE : 594923 7464962

AUTHORIZATION :

COST LIMIT : $ 516.25

ORDER DATE : June 3, 2008

ORDER TIME : 1:07 PM

ORDER NO. : 594923-010

CUSTOMER NO: 7464962

DOMESTIC FILINGS

NAME: GOURMAND DISTRIBUTORS LLC

RECEIVED
08 JUN -3 PM 2:46
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis - Ext# 2926

EXAMINER'S INITIALS

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