

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUN 18 PM 12:56

DOCUMENT # L05000112016

1. Limited Liability Company's Name

EXCLUSIVE MEAT MARKET LLC

*1008 25668*

500129490585  
06/16/08--01041--014 \*\*269.25

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 2901 CLINT MOORE RD.		3. Mailing Office Address 2901 CLINT MOORE RD.	
Suite, Apt. #, etc. PMB #182		Suite, Apt. #, etc. PMB #182	
City & State BOCA RATON, FL.		City & State BOCA RATON, FL.	
Zip 33496	Country USA	Zip 33496	Country USA

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 11/21/2005	
6. FEI Number 02-0765221	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name  
LUIS ACERO

Street Address (P.O. Box Number is Not Acceptable)  
2901 CLINT MOORE RD.

Suite, Apt. #, Etc.  
PMB 182

City  
BOCA RATON

State  
FL

Zip Code  
33496

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 \_\_\_\_\_ Date 05/07/2008

REGISTERED AGENT MUST SIGN

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
<i>MBR</i> <i>MBR</i>	LUIS ACERO	2901 CLINT MOORE RD., PMB #182	BOCA RATON, FL. 33496

500129490585  
05/14/08--01049--001 \*\*150.00

REINSTATEMENT  
*w/o/p 06-08*  
*llt*

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]* Date 05/07/2008 Daytime Phone # (786) 546-4349

Typed or printed name of signing Managing Member/Manager LUIS ACERO