



# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 OCT 17 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L06000057621</b> 1. Entity Name <b>M &amp; G WEST INDIAN GROCERY &amp; DELI LLC</b>					
Principal Place of Business <b>10764 SOUTH US 1 PORT ST. LUCIE, FL 34952</b>			Mailing Address <b>10764 SOUTH US 1 PORT ST. LUCIE, FL 34952</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip      Country		City & State Zip      Country		10132007    REIN-LLC    CR2E101 (1/07)	
4. FEI Number <b>59-0699712</b>				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent <b>WATSON, ANGELIC 2301 NW 84TH WAY SUNRISE, FL 33322</b>	
7. Name and Address of New Registered Agent Name <b>ANGELLA WATSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>1802 N UNIVERSITY DR # 253</b> City <b>PLANTATION</b> FL    Zip Code <b>33322</b>				8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Angella Watson</i> DATE <b>10/15/07</b> <small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$50.00</b> <b>After January 1, 2008, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRYAN, MILLICENT 3061 SE WAKE ROAD PORT ST. LUCIE, FL 34984	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200110902202</b> <b>10/17/07--01061--002 **50.00</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRYAN, GERALD 3061 SE WAKE ROAD PORT ST. LUCIE, FL 34984	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRYAN, GERALD 3061 SE WAKE ROAD PORT ST. LUCIE, FL 34984	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>REINSTATEMENT</b> <div style="text-align: right; font-size: 2em; margin-top: -20px;">07</div>					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>Millicent Bryan</i> DATE <b>10/15/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					