

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 OCT 28 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10242008 REIN-LLC CR2E101 (1/07)

4. FEI Number **20 89 09172** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L07000046397

1. Entity Name
FOREST DISCOUNT FOODS, LLC.



Principal Place of Business
2967 SE 48TH STREET
OCALA, FL 34480

Mailing Address
2967 SE 48TH STREET
OCALA, FL 34480

2. Principal Place of Business - No P.O. Box #
110 N. HWY 314 A

3. Mailing Address
110 N. Hwy 314 A

Suite, Apt. #, etc.

City & State
Silver Springs, FL

City & State
Silver Springs, FL

Zip
34488

Country
USA

Zip
34488

Country
USA

6. Name and Address of Current Registered Agent

LAY, BENNETT
2967 SE 48TH STREET
OCALA, FL 34480

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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 Bennett Lay Bennett Lay 10/24/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2009, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAY, BENNETT 2967 SE 48TH STREET OCALA, FL 34480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600137367846 10/28/08--01027--005 **282.50
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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: Bennett Lay Bennett Lay 10/24/08 352 286 5721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #