2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000076 1. Entity Name SPEEDY SWEET PRODUCE LLC	423		FILED 09:MAY -5 AM 8: 29
Principal Place of Business 709 N.W. 12TH TERRACE POMPANO BEACH, FL 33069 US Mailing Address 709 N.W. 12TH TERRACE POMPANO REACH, FL 33069			SECRETARY OF STATE TALLAHASSEE FLORIDA
2. Principal Place of Business - No P.O. Box # 3. Mailing Aduress			
Suite Apt #, etc.			04172009 REIN-LLC CR2E101 (1/07)
City & State	City & State		4. FEI Number Applied For Not Applied For Not Applicable
Zip Country	Zip .	Country	Certificate of Status Desired \$5.00 Additional Fee Required
UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAKS BLVD SUITE A-100 TAMPA, FL 33612-3425 City Pon			3306
8. The above named entity submits this statement for the purpose on the obligations of registered agent. SIGNATURE Signature typed or printed name of registered agent and title if applicable. In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name of Florida. I am familiar with, and accept agent or both, in the State of Florida. I am familiar with, and accept agent or printed agent and title if applicable. NOTE: Seglature reducted when reinjection in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent a			
9. MANAGING MEMBE		10.	ADDITIONS/CHANGES
NAME DIAZ, RALPH SIREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33069	C: Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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11. Thereby certify that the information supplied with this filling does is a 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, and 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 accurate this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: KALPH DIAZ SR M. LA FINE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGE: I SEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date			