

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 JAN 21 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000095430

1. Limited Liability Company's Name

ARACLE FOODS ONE LLC

000165315760
01/08/10--01025--006 **382.50

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 6538 FIRST AVE N.		3. Mailing Office Address 6538 FIRST AVE N.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ST. Petersburg, FL		City & State ST. Petersburg, FL	
Zip 33710	Country USA	Zip 33710	Country USA

4. State/Country of Formation FL/USA	
5. Date Organized or Qualified To Do Business in Florida 09-19-2007	
6. FEI Number 26-1088475	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name LARRY J. NEWSOME		
Street Address (P.O. Box Number is Not Acceptable) 6307 DASADENA POINT BLVD.		
Suite, Apt. #, Etc.		
City GULFPORT	State FL	Zip Code 33707

☐ 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 Larry J. Newsome Date 01/06/2010
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
MGRM	ARACLE FOODS CORPORATION	6538 FIRST AVE. N.	ST. Petersburg, FL 33710

REINSTATEMENT 09-10 AK

11. E-mail Address: LARRYJNEWSOME@YAHOO.COM
(To be used for future annual report notifications)

12. 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 Larry J. Newsome Date 01/19/2010 Daytime Phone # 727-345-6684
Typed or printed name of signing Managing Member/Manager LARRY J. NEWSOME