PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT COMPANY COMPANY		FILED 10 JAN II AM 7:25 SECREJARY OF STATE TALL AHASSLE, FLORIDA		
DOCUMENT # 1. Limited Liability Company's Name				
ARACIE FOODS TWO LLC.		, me	700165316787 /08/1001025008 **521.25	
2. Principal Office Address - No P.Q. Box # 3. Mailing Office Address 4538 Figs+ Ave N Suite, Apr. #, etc. Suite, Apr. #, etc.		4. State/Country of Formation + L / U.S.A. 5. Date Organized or Qualified		
ST. Felersburg FL St Pelersburg FC		To Do Buelnese In Florida 9-19-2007 6. FEI Number Applied For Not Applied For		
33710 USA 337	10 USA	7.	OF STATUS DESIRED \$5.00 Additional Fire required (or a Continuate of Status	
8. Name and Address of Current Registered Agent Name LOYVU J. NewSome Street Address (P.O. Box Number is Not Acceptable) 630 Fasadena. PT BIVD Suite, Apt. #, Etc. City Gulf Port State 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 walved.	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 508, F.S. Signature of Registered Agent				
10. Names and Street Addresses of Managing Members/Managere				
Titles Name of Managers Managers	Street Address of Each Managing Member/Managing		City / State / Zip	
MGRMLarry I Newsome	6538 First Av	e N	ST Pedensbury FC 33710	
			S. HAWKES	
REINSTATEM	ENT		JAN-1 2 2010i	
2008-10			EXAMINER	
	516.25	•		
11. E-mail Address: LJNewsomesk	(To be used for future annual report notification	na)	OFFE IN Charles FOR E.S. Lauther parties that when	
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 808, F.S. I further certify that when filling this reinstatement application the region for dissolution has been eliminated, the immited liability company name satisfies the requirements of section 808.406, 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 it made under cash. Signature of Managing Member/Manager Typed or printed name of signing Managing Member/Manager Typed or printed name of signing Managing Member/Manager				
				