

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB -3 PM 4:58

DOCUMENT # 1.08000089943

1. Limited Liability Company's Name

FRESH GROUP, LLC

BK

500168290175
02/09/10--01005--025 **232.50
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

5977 AMBERWOOD DR

Suite, Apt. #, etc.

3. Mailing Office Address

5977 AMBERWOOD DR

Suite, Apt. #, etc.

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 09/22/2008

6. FEI Number

☒ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee Required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

John N. Brugger, Esq.

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

600 Fifth Avenue S.

Suite, Apt. #, Etc.

Suite 207

City

Naples

State

FL

Zip Code

34102

☒ 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 /s/ John N Brugger

Date 02/03/2010

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
N. M.	Thomas S. Newman	C/O 600 5th Ave South, Suite 207	Naples FL 34012
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

REINSTATEMENT 2009-2010

11. 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 /s/ Thomas S. Newman

Date 02/03/2010

Daytime Phone #

Typed or printed name of signing Managing Member/Manager Thomas S. Newman