PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| LIMITED LIABILITY COMPANY REINSTATEMENT | | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | | FILED 2016 24 A 8: 42/4 | |
|---|--|---|---|--|--|--|
| DOCUMENT # L11000000295 1. Limited Liability Company's Name Sweet Pete's: Pure Simple Sweets LLC | | | | | SECRETARY OF STATE 11 1843SEF FLORIDA: 200289455072 08/24/1601003008 **377.50 | |
| 2. Principal Office Address - No P.O. Box # 221 N. Hogan St., #304 Suite, Apt. #, etc. | | 3. Mailing Office Address Suite, Apt. #, etc. | | Florida | CR2E041 (1/14) 4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 1/3/11 6. FEI Number 27-4404067 Not Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED | |
| City & State Jacksonville, FL Zip Country 32202 USA | | City & State Zip Country | | To Do Busin 1/3/11 6. FEI Number 27-4404067 7. | | |
| 8. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 S Pine Island Road Suite, Apt. #, Etc. City Plantation State Jip Code 33324 | | | | | , | |
| 9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN | | | | | | |
| 10. Names and Street Addresses of Authorized Representatives/Managers [교리되었다. 교육당 | | | | | | |
| Titles | Name of Authorized Representatives/ Managers | | Street Address of E Authorized Represen Manager | | City / State / Zip | |
| MGR | Allison Behringer | | 221 N. Hogan St. | , #304 | Jacksonville, FL 32202 | |
| MGR | ML Sweets, LLC | | 794 Penllyn Pike, Ste 219 | | Blue Bell, PA 19422 | |
| | | | | į | | |
| 11, E-mail Address: Tanderson @ nge la w. com (To be used for future annual report notifications) 12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012. 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817,155, F.S. Signature of Authorized Representative/Manager Date 9123 to Daytime Phone # 947 - 229 - 6405 Typed or printed name of signing Authorized Representative/Manager Marcus Lemonis, MGR of ML Sweets LLC | | | | | | |



August 23, 2016

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

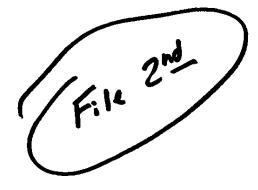
Order #: 10134235 SO Customer Reference 1: Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Sweet Pete's: Pure Simple Sweets LLC (FL) Reinstatement

Florida



Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

