

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2016 AUG 24 A 8:42 PM

SECRETARY OF STATE  
T. CHASSEFF, FLORIDA  
200289455072  
08/24/16--01003--008 \*\*377.50

CR2E041 (1/14)

**DOCUMENT #** L11000000295

1. Limited Liability Company's Name  
Sweet Pete's: Pure Simple Sweets LLC

2. Principal Office Address - No P.O. Box #  
221 N. Hogan St., #304

Suite, Apt. #, etc.

City & State  
Jacksonville, FL

Zip Country  
32202 USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

4. State/Country of Formation  
Florida

5. Date Organized or Qualified  
To Do Business in Florida  
1/3/11

6. FEI Number  
27-4404067

☐ 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  
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)  
1200 S Pine Island Road  
Suite, Apt. #, Etc.

City State Zip Code  
Plantation FL 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

*Connie Bruan*

Connie Bruan

Date 8/23/2016

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Authorized Representatives/Managers**

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ 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

11. E-mail Address: Tanderson@ngelaw.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 filing 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 9/23/16

Daytime Phone # 847-229-6405

Typed or printed name of signing Authorized Representative/Manager Marcus Lemonis, MGR of ML Sweets LLC

CT

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

File 2nd

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

RECEIVED  
16 AUG 23 PM 4:24  
NOT WITHIN  
10 BUSINESS  
SUFFICIENCY OF FILING