

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L11000098807**

1. Limited Liability Company's Name

Matt's Jamaican Rum Sauces LLC

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

1031 Grand Hickory Cir

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

same

City & State

Holly Hill FL

City & State

.

Zip

32117

Country

US

Zip

Country

4. State/Country of Formation

FL US

5. Date Organized or Qualified
To Do Business in Florida

08/29/2011

6. FEI Number

45-3121185

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/11)

2012 DEC 31 PM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Name and Address of Current Registered Agent

Name

Matt Forester

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

1031 Grand Hickory Cir

Suite, Apt. #, Etc.

City

Holly Hill

State

FL

Zip Code

32117

E-mail Address:

100243675251
01/15/13--01015--003 **238.75

Forester MJ@yahoo.com

(To be used for future annual report notices)

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

[Signature]

Date

1-3-13

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
Mgr	Forester, Matt	1031 Grand Hickory Cir	Holly Hill FL 32117

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

[Signature]

Date

1-3-13

Daytime Phone #

386-689-8055

Typed or printed name of signing Managing Member/Manager