

238.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

12 OCT -3 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

## DOCUMENT #

L11-128953

1. Limited Liability Company's Name

Flex Foods of Tallahassee, LLC

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

5281 B6 Tower rd

Suite, Apt. #, etc.

B6

City &amp; State

Tallahassee FL

Zip

32303

Country

USA

3. Mailing Office Address

5281 B6 Tower rd

Suite, Apt. #, etc.

B6

City &amp; State

Tallahassee FL

Zip

32303

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

Oct 2011

6. FEI Number

45 3796145

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

Jared Reinston

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

5281 B6 Tower rd

Suite, Apt. #, Etc.

B6

City

Tallahassee

State

FL

Zip Code

32303

E-mail Address:

800240393338

10/03/12--01016--003 \*\*238.75

Stacey@flexfoods.co

(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

REGISTERED AGENT MUST SIGN

Date 10-3-12

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
mgrm	Jared Reinston	829 Piney Village loop	Tall FL 32301
mgrm	Stacey Reinston	829 Piney Village loop	Tall FL 32311

REINSTATEMENT 2012

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

Date 10-3-12

Daytime Phone # 850 524-0027

Typed or printed name of signing Managing Member/Manager Jared Reinston