PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 SEP -3 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L13000014600

1. Limited Liability Company's Name
Epicurean Food Brokers, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
8192 Boat Hook Loop	8192 Boat Hook Loop
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Unit 406	Unit 406
City & State	City & State
Windermere, FL	Windermere, FL
Zip / Country	Zip / Country
34786 USA	34786 USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
08/12/2013

6. FEI Number
32-0403104
☐ 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
David Olivencia

Street Address (P.O. Box Number is Not Acceptable)
5425 S. Semoran Blvd.

Suite, Apt. # Etc.
Suite 10B

City / State / Zip Code
Orlando FL 32822

700263954117
09/03/14--01014--010 **238.75

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 _____ Date 08-18-2014

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
MGRM	Ernesto DeLuca	8192 Boat Hook Loop, Unit 406	Windermere, FL 34786

11. E-mail Address: accountants@ldlcpas.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 605, 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 Ernesto DeLuca Date 08/18/2014 Daytime Phone # 407-802-9237

Typed or printed name of signing Authorized Representative/Manager Ernesto DeLuca

Rc 9/4/14