· PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

COMPANY REINSTATEMENT	FLORIDA DEPAR Secretary of DIVISION OF CO	of State				
DOCUMENT # L - 19000187992 1. Limited Liability Company's Name BOSTON FLAVOR COMPANY L-LC. O.B.A. PIZZI PANZ. & SALAD				000437901950 10/10/2401027001 **125.00		
2. Principal Office Address - No P.O. Box #	3 Mailing Office Addres	is .		1	CR2E041 (1/14)	
		CLAY MICA CT.		4. State/Countr	ry of Formation	
Suite, Apt. # etc	Suite, Apt. #, etc			1	FLORION U.SA	
SUITE 26 City & State					zed or Qualified ess in Florida 08/08/2019	
_	City & State ACIAN OCACH EI		6. FEI Number Applied For 84-2655482 Not Applicable			
Zip Country	DELRAY BEA	Col	untry	<u> </u>		
33463 U.SA	33446		U.S.A.	CERTIFICATE OF	STATUS DESIRED S5.00 Additional Fee required for a certificate of status	
8. Name and Address of Current Registered Agent						
Name AUGSIO V DE DEUIN						
Street Address (P.O. Box Number is Not Acceptable) Sunte,				- (2) PA		
7902 CUY MICH CT				PH 12:		
7,20					74 5	
OELRAT BEACH		State	Zip Code 33446	-		
9. I, being appointed the registered agent of the above Signature of Registered Agent	re named limited liability co		am familiar with and ac	cept the obligations	of Chapter 605, F.S Date 10/05/2029	
10 Names and Street Addresses of Authorized Represe	ntatives/Managers					
Name of Titles Authorized Representatives/ Managers		Street Address of Each Authorized Representative/ Manager			City / State / Zip	
MGK		7902 CUI MICH CT		nel cr	DELPH BOXCH FL. 33446	
			DETE	RTAI	DVIENI	
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7:	D 111100 C-		<u> </u>		M. WII LIAM'S	
11. E-mail Address: PLAPANE 2019			re annual report notificati	ons)		
12 I certify that I am an authorized representative/ m certify that when filling this reinstatement application 605.0012, F.S., and that all fees owed by the limited shall have the same legal effect as if made under oa felony as provided for in s. 817.155, F.S. Signature of authorized representative/member	ranager or the receiver or the reason for dissolution liability company have bee	trustee e has beer en paid. Iformatio	empowered to execute n eliminated, the limit of the information indiction submitted in a doctor	e this application a ed liability compan- ated on this applica- ament to the Depar	y name satisfies the requirement of section ation is true and accurate, and my signature	