

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JAN -3 PM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L96-1063**

**1. Limited Liability Company's Name**

**SEMINOLE BAKERIES, L.C.**  
**290 E. STATE ROAD 434**  
**WINTER SPRINGS, FL 32708**

**2. Principal Office Address**

**290 E.S.R. 434**

Suite, Apt. #, etc.

**3. Mailing Office Address**

**PO Box 162426**

Suite, Apt. #, etc.

**4. State/Country of Formation**

**FLORIDA/USA**

**5. Date Organized or Qualified  
To Do Business in Florida**

**10-14-96**

**City & State**

**WINTER SPRINGS, FL**

**City & State**

**CITAMONTE SPRINGS, FL**

**Zip**

**32708**

**Country**

**US**

**Zip**

**32714**

**Country**

**US**

**6. FEI Number**

**59-3413111**

**Applied For**

**Not Applicable**

**7. CERTIFICATE OF STATUS DESIRED** ☐ **REGISTRATION** ☐ **REINSTATEMENT**

**8. Name and Address of Current Registered Agent**

**Name**

**DONALD METCHICK**

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

**290 E. STATE RD. 434**

**Suite, Apt. #, Etc.**

**City**

**WINTER SPRINGS**

**State**

**FL**

**Zip Code**

**32708**

**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 **12-29-99**

**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	DONALD METCHICK	290 E. STATE RD 434	WINTER SPRINGS, FL 32708

**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.**

Signature of  
Managing Member/Manager

Date **12-29-99**

Daytime Phone **(407) 327-7790**

Typed or printed name of signing Managing Member/Manager

**DONALD METCHICK**