FEB.11.2002 12:13PM NO.941 P.1/2

AND

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 FEB 12 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # L96000001003

1. Limited Liability Company's Name
Seminole Bakeries LC
290 E SR 434
Winter Springs Fl 32708

REINSTATEMENT 2001 2002

2. Principal Office Address	3. Mailing Office Address
290 E SR 434	PO Box 162426
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Springs FL	City & State: Altamonte Spgs FL
Zip: 32708 Country: USA	Zip: 32716 Country: USA

4. State/Country of Formation: Florida / USA

5. Date Organized or Qualified To Do Business in Florida: 10-14-96

6. FEI Number: 59-3413111 ☐ 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: Donald D McTchick

Street Address (P.O. Box Number is Not Acceptable): 106 Wisteria Dr

Suite, Apt. #, Etc.:

City: Longwood State: FL Zip Code: 32779

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] REGISTERED AGENT MUST SIGN Date: 2/12/02

CR2E041 (9/01)

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 D McTchick	290 E SR 434	Winter Springs FL 32708

500004925255--9
-02/14/02--01036--001
****200.00 ****200.00

11. I hereby 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: [signature] Date: 2/12/02 Daytime Phone #: 407-327-7790

Typed or printed name of signing Managing Member/Manager: Donald D McTchick