

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L96000001135

1. Limited Liability Company's Name

STAR FOOD SERVICE, L.C.

REINSTATEMENT

2. Principal Office Address 1700 W. International Speedway		3. Mailing Office Address SAME		4. State/Country of Formation Florida	
Suite, Apt. #, etc. #175		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida	
City & State Daytona Beach, Florida		City & State		6. FEI Number 593411991	
Zip	Country USA	Zip	Country	7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Carl C. Tutera		500003478965-16	
Street Address (P.O. Box Number is Not Acceptable) 357 Ocean Shore Blvd.		-11/28/00--01097--023 ****150.00 ****150.00	
Suite, Apt. #, Etc.		500003478965-16	
City Ormond Beach,	State FL	Zip Code 32176	-11/28/00--01097--023 *****55.00 *****5.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, P.S.

Signature of
Registered Agent

Carl C. Tutera

Date

11-15-2000

REGISTERED AGENT MUST SIGN

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
Member		Carl C. Tutera	375 Ocean Shore Blvd.	Ormond Beach, FL 32176
Member		Carmine Tutera	375 Ocean Shore Blvd.	Ormond Beach, FL 32176

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

Carl C. Tutera

Date

11-15-2000

Daytime Phone #

904-672-2723

Typed or printed name of signing Managing Member/Manager

Carl Tutera