

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

FILED

99 DEC -1 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002432

1. Limited Liability Company's Name

U.S. TROPICALS, L.L.C.

2. Principal Office Address

675 SW 12 AVE

Suite, Apt. #, etc.

City & State

POMPAÑO BEACH, FLORIDA

Zip

33069

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA - USA

5. Date Organized or Qualified
To Do Business in Florida

OCT. 27, 1998

6. FEI Number

650877827

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

8. Name and Address of Current Registered Agent

Name

ANDREW HELLINGER

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

MISHAN SLOTO, GREENBERG, HELLINGER & UDOLF, P.A.

Suite, Apt. #, Etc.

200 S. BISCAYNE BLVD

City

MIAMI

State
FL

Zip Code
33134

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

10/29/99

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
MEM	MICHAEL DIAZ	159 SW 100 Terrace	Coral Springs, FL 33071
MEM	NEW PRODUCE ACQUISITION CORP.	675 SW 12 AVE	Pompano Beach, FL 33069

REINSTATEMENT

99 GA

Ans

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

11/24/99

Daytime Phone # 954-946-2147

Typed or printed name of signing Managing Member/Manager