L99000004878

PLEASE PRINT OR TYPE ALL INFORMATION CLEARLY BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
2002 OCT 28 PM 12:07
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004878

1. Limited Liability Company's Name
BUONGUSTO FOOD DISTRIBUTION, L.L.C.

2. Principal Office Address	**3.** Mailing Office Address
8421 NW. 68th St.	8421 NW 68th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33166 Country: USA	Zip: 33166 Country: USA

4. State/Country of Formation: FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida: 08/06/1999

6. FEI Number: 65-093 9320 ☐ 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: FRANCESCO BELLUCCI

Street Address (P.O. Box Number is Not Acceptable): 8421 NW. 68th STREET

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33166

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10/28/02 01139 002 **15.00

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

Signature of Registered Agent: _____ Date: 10/23/02

REGISTERED AGENT MUST SIGN

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
P	FRANCESCO BELLUCCI	150 OCEAN LANE DR.	KEY BISCAYNE, FL 33149
VP	PAOLO ORSOLINI	11027 SW 152 CT	MIAMI, FL 33196

REINSTATEMENT 2002

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: 10/23/02 Daytime Phone #: 305.599.0088

Typed or printed name of signing Managing Member/Manager: _____