

L9900005233

PLEASE PRINT OR TYPE IN BLOCK CAPITALS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 27 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L9900005233

1. Limited Liability Company's Name

Fidelity Foods, L.L.C.

2. Principal Office Address

3737 Bobbin Brook E.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32312

Country

USA

3. Mailing Office Address

P.O. Box 13948

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32317

Country

USA

4. State/Country of Formation

Florida, U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

10/10/01

6. FEI Number

59-3594677

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

Charles R. Hood

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

3737 Bobbin Brook East

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

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

Charles R. Hood

Date

5/27/03

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 |
|--------|--------------------------------------|---|-----------------------|
| MGR | Charles R. Hood | 3737 Bobbin Brook East | Tallahassee, FL 32312 |
| MGR | Sarah G. Hood | 3737 Bobbin Brook East | Tallahassee, FL 32312 |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 01-03

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

Charles R. Hood

Date

5/27/03

Daytime Phone #

850-668-4996

Typed or printed name of signing Managing Member/Manager

Charles R. Hood

CR2E041 (10/02)