

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

01 MAR 29 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L9900009399

1. Limited Liability Company's Name

FIRST COAST MEAT & SEAFOOD LLC

REINSTATEMENT

2. Principal Office Address

9140 GOLFSIDE DRIVE

Suite, Apt. #, etc.

8

City & State

JACKSONVILLE, FL

Zip

32256

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 12/30/1999

6. FEI Number

58-0525293

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ **7. CERTIFICATE OF STATUS DESIRED**

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

NRAI SERVICES INC

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

526 EAST PARK AVENUE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State
FL

Zip Code

32301

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

Ed Hand Ant. Secretary

Date

3/27/01

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
MGRM	SHAPIRO PACKING CO, INC.	PO BOX 119	AUGUSTA GA 30903

7000003931937--4
-03/30/01--01073--032
****205.00 ****205.00

DB 3-29-01

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

John J. Coggins

Date

12-5-00

Daytime Phone#

(610) 668-6742

Typed or printed name of signing Managing Member/Manager

JOHN J. COGGINS, VICE PRESIDENT, SHAPIRO PACKING CO, INC

CR2E041 (9/00)