

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 21 PM 3:06

DOCUMENT # M000000001659

1. Limited Liability Company's Name

GARGIULO FOODS, LLC
629-62ND ST.
WEST NEW YORK, N.J. 07093

2. Principal Office Address

629-62ND ST

Suite, Apt. #, etc.

City & State

07093

WEST NEW YORK, N.J.

Zip

07093

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

07093

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

JULY 2000

6. FEI Number

223741395

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

FRANK GARGIULO

300004751843-3

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

2412 SAND LAKE RD

01704702-01054-014

***155.00 ***155.00

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32809

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

Frank Gargiulo

REGISTERED AGENT MUST SIGN

Date 12-20-01

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

MSR

FRANK T. GARGIULO

907-73RD ST

N. BERGEN NJ 07407

MSR

FRANK G. GARGIULO

1072 BRIAR WAY

FT. LEE, NJ 07024

MSR

VINCENT G. GARGIULO

1045 DEARBORN AVE

FT. LEE, NJ 07024

Rein 100.

UBR 50.

CHS 5/155. NR

REINSTATEMENT

2001

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

Vincent Gargiulo

Date 12-20-01

Daytime Phone # 201 854-6652

Typed or printed name of signing Managing Member/Manager