PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED
04 JUL 13 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M01000000718

1. Limited Liability Company's Name
Geneva Foods LLC

02

2. Principal Office Address	3. Mailing Office Address
119B Commerce Way	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sanford, FL	City & State
Zip: 32771 Country: USA	Zip Country

4. State/Country of Formation: DE/USA

5. Date Organized or Qualified To Do Business in Florida: 5/14/01

6. FEI Number: 58-2615935 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Correspondence for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation

500039252245
07/16/04 01046 005 **25.00

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

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: Connie Bryan Special Asst. Secretary Date: 7/13/04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	Peter A. Corteville	525 Amberidge Trail, NW	Atlanta, GA 30328
MGRM	Thomas A. Bandemer	2647 Aloma Oaks Drive	Oviedo, FL 32765

REINSTATEMENT 2002-2004

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: [signature] Date: 7/12/04 Daytime Phone #: (407) 323-5518

Typed or printed name of signing Managing Member/Manager: Peter A. Corteville