

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 DEC 15 PM 1:41

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000000992

Name and Mailing Address

0001602 01 AT 0.292 **AUTO T8 0 0615 32207-290515



PENZEYS FLORIDA, L.L.C.
1515 SAN MARCO BOULEVARD
JACKSONVILLE FL 32207-2905



2. New Mailing Address

c/o CT Corporation System, 1200 S. Pine Island Road

City, State, Zip

Plantation, FL 33324

Principal Place of Business

1515 SAN MARCO BOULEVARD
JACKSONVILLE FL 32207

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

WI

5. Date Organized or Qualified
To Do Business in Florida

04/17/2002

6. FEI Number

68-0496378

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

Christine M. Eastwine
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Christine M. Eastwine
Assistant Secretary

Date

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	PENZEYS SPICE COMPANY	18300 JANACEK CT	BROOKFIELD WI 53045

600025190996
12/15/03--01019--020 **150.00

REINSTATEMENT 2003

12. 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

William T. Penzey
SIGNATURE REQUIRED

Date 12/2/03

Daytime Phone # 262-785-7619

Typed or printed name of signing Managing Member/Manager: William T. Penzey, President of Penzey's Spice Company, Sole Member

CR2E084 (7/03)