2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 06, 2006
Secretary of State

DOCUMENT# M05000001241

Entity Name: TWO SISTERS GOURMET, LLC

Current Principal Place of Business:

2544 E LANDSTREET RD
SUITE 600
ORLANDO, FL 32824

New Principal Place of Business:

Current Mailing Address:

2544 E LANDSTREET RD
SUITE 600
ORLANDO, FL 32824

New Mailing Address:

FEI Number: 38-3498627 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RAMIREZ, JOSEPH A
7225 BRANCHTREE DR.
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOSEPH A. RAMIREZ
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: KING, KATHY J
Address: 5401 S. KIRKMAN RD STE 323
City-St-Zip: ORLANDO, FL 32819

Title: MGR ( ) Delete
Name: RAMIREZ, JOSEPH A
Address: 28312 HAYES RD
City-St-Zip: ROSEVILLE, MI 48066

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: KING, KATHY J
Address: 5422 CHISWICK CIRCLE
City-St-Zip: ORLANDO, FL 32812

Title: MGR (X) Change ( ) Addition
Name: RAMIREZ, JOSEPH A
Address: 7225 BRANCHTREE DR
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOSEPH A. RAMIREZ VP 10/06/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date