

M05000004692
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

07 OCT 24 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400111302224

CR2E041 (1/07)

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000004692

1. Limited Liability Company's Name

PDF Foods LLC

BK

06

2. Principal Office Address - No P.O. Box #
2716 American Drive

Suite, Apt. #, etc.

City & State
Troy, MI

Zip
48083

Country
USA

3. Mailing Office Address
2617 American Drive

Suite, Apt. #, etc.

City & State
Troy, MI

Zip
48083

Country
USA

4. State/Country of Formation
Michigan

5. Date Organized or Qualified
To Do Business in Florida 8/23/05

6. FEI Number
20-3078738

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
Paul Pizzo

Street Address (P.O. Box Number is Not Acceptable)
445 Sherwood Forest Drive

Suite, Apt. #, Etc.

City
Delray Beach

State
FL

Zip Code
33445

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Paul Pizzo

REGISTERED AGENT MUST SIGN

Date 10/23/07

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
MGR	Anthony L. Selvaggio	2716 American Drive	Troy, MI 48083
MGR	Alex Selvaggio	2716 American Drive	Troy, MI 48083
MGR	Joseph Selvaggio, Jr.	2716 American Drive	Troy, MI 48083

REINSTATEMENT 2006-2007

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 608.408, 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

Anthony L. Selvaggio

Date 10/23/07

Daytime Phone # 248-589-7700

Typed or printed name of signing Managing Member/Manager

Anthony L. Selvaggio



CORPORATION SERVICE COMPANY

M 05000004692

ACCOUNT NO. : 072100000032

REFERENCE : 287044 4306747

AUTHORIZATION :

Lyndee Coleman

COST LIMIT : \$ 200.00

FILED
07 OCT 24 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : October 24, 2007

ORDER TIME : 12:58 PM

BK

ORDER NO. : 287044-005

CUSTOMER NO: 4306747

ANNUAL REPORT FILING

NAME: PDF FOOD LLC

BK

RECEIVED
07 OCT 24 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext. 2940

EXAMINER'S INITIALS: _____