Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000265895 3)))

H13000265895ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT

EAT 503, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$238.75

Electronic Filing Menu Corporate Filing Menu Help

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

13 DEC -4 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

13

CR2E041 (1/11)

DOCUMENT # M09000003970

1. Limited Liability Company's Name
Eat 503, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
56 Central Avenue	56 Central Avenue
Suite, Apt. #, etc.: Suite 201	Suite, Apt. #, etc.: Suite 201
City & State: Asheville, NC	City & State: Asheville, NC
Zip: 28801 Country: USA	Zip: 28801 Country: USA

4. State/Country of Formation: North Carolina

5. Date Organized or Qualified To Do Business in Florida: 10/06/2009

6. FEI Number: 23-0691670 ☐ 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: C T Corporation System

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

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

E-mail Address:
lindar@hersheyicecream.com
(To be used for future annual report notices)

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 Date: 12/04/2013
REGISTERED AGENT MUST SIGN

Connie Bryan
Assistant Secretary

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
Pres.	George Hugh Holder	301 S. Cameron Street	Harrisburg, PA 17101
Sr. VP	Thomas M. Holder	301 S. Cameron Street	Harrisburg, PA 17101
Sr. VP	Walter S. Holder	301 S. Cameron Street	Harrisburg, PA 17101
Sr. VP	Thomas J. Ryan, III	301 S. Cameron Street	Harrisburg, PA 17101
Control	Robert J. Campbell	301 S. Cameron Street	Harrisburg, PA 17101

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: _____ Date: 12/03/2013 Daytime Phone #: (717) 238-8134

Typed or printed name of signing Member/Manager: Robert J. Campbell, Asst. Treasurer/Controller

FL110 - 05/12/2013 Wolters Kluwer Online

DEC 04 2013

S. PRATHER