

M960000000241

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 617-6383

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: _____

L. SELLERS

JUN 22 2010

**LIMITED LIABILITY REINSTATEMENT
MISSISSIPPI BAKING CO. L.L.C.****EXAMINER**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,071.25

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6/21/2010

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # M96000000241

1. Limited Liability Company's Name

Mississippi Baking Co. L.L.C.

2. Principal Office Address - No P.O. Box #
600 Phil Gramm Blvd.

Suite, Apt. #, etc.

City & State

Bryan, Texas

Zip

77807-9101

Country

U.S.A.

3. Mailing Office Address
600 Phil Gramm Blvd.

Suite, Apt. #, etc.

City & State

Bryan, Texas

Zip

77807-9101

Country

U.S.A.

REINSTATEMENT

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida

07/05/1996

6. FEI Number
52-1911031

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$500 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

JUN 22 2010

State

FL

Zip Code

33324

L. SELLERS

EXAMINER

☒ 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, do hereby certify and accept the obligations of Chapter 606, F.S.

Signature of Registered Agent

Gene Zocher

April 29, 2010

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Frederick J. Bower	600 Phil Gramm Blvd.	Bryan, Texas 77807-9101
MGRM	John Paterakis	600 Phil Gramm Blvd.	Bryan, Texas 77807-9101
MGRM	Peter Grimm	600 Phil Gramm Blvd.	Bryan, Texas 77807-9101
MGRM	Tray Elliott	600 Phil Gramm Blvd.	Bryan, Texas 77807-9101
MGRM	Mid South Baking Company, L.L.C.	600 Phil Gramm Blvd.	Bryan, Texas 77807-9101

11. E-mail Address: **MAguilar@midssouthbaking.com**

(To be used for future annual report filings)

12. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in Chapter 606, F.S. and that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.405, F.S., and 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 be the same legal signature as it made under oath.

Signature of Managing Member/Manager

Fred J. Bower

4/29/10

Date

Daytime Phone #

979-278-6600

Typed or printed name of signing Managing Member/Manager

Fred J. Bower

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