

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 DEC 26 PM 12:39 *rf*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *2000*

DOCUMENT #

M97-57

1. Limited Liability Company's Name

Golden State Foods Baking Company, L.L.C.

2. Principal Office Address

600 Phil Gramm Blvd

Suite, Apt. #, etc.

City & State

Bryan, Texas

Zip

77807

Country

USA

3. Mailing Office Address

600 Phil Gramm Blvd.

Suite, Apt. #, etc.

City & State

Bryan, Texas

Zip

77807

Country

USA

4. State/Country of Formation

Deleware

**5. Date Organized or Qualified
To Do Business in Florida**

2/14/1997

6. FEI Number

58-2225412

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

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

William C. Bradford

William C. Bradford, Vice President

12/11/00

REGISTERED AGENT MUST SIGN

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
MGRM	Mid South Baking Co.	600 Phil Gramm Blvd	Bryan, Texas 77807
MGRM	Bower, Frederick J.	600 Phil Gramm Blvd.	Bryan, Texas 77807
MGRM	Grimm, Peter	600 Phil Gramm Blvd.	Bryan, Texas 77807
MGRM	Paterakis, John	600 Phil Gramm Blvd.	Bryan, Texas 77807
MGRM	Elliott, Tray	600 Phil Gramm Blvd.	Bryan, Texas 77807

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 608.406, 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

Tray Elliott

Date **12/01/00**

Daytime Phone# **979-778-6600**

Typed or printed name of signing Managing Member/Manager **Tray Elliott**

CR2E041 (9/00)