

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. DOCUMENT # L01000015337

Name and Mailing Address

0001915 01 FP 0.352 \*\*PRSR T6 0 0615 33129-141710

TOTIS PIZZA LLC

1810 S.W. 3RD AVE.  
MIAMI FL 33129-1417

02 OCT 29 PM 3:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. New Mailing Address

City, State, Zip

Principal Place of Business

1810 S.W. 3RD AVE.  
MIAMI FL 33129

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

09/07/2001

6. FEI Number

05-1137503

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

ALVARO CASTILLO B., P.A.  
1390 BRICKELL AVE.  
SUITE 200  
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box not acceptable)

10/29/02-01025-022 \*\*150.00

City

FL

Zip Code

10. 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

REGISTERED AGENT MUST SIGN

Date 10/22/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of each Managing Member/Manager	City, State, Zip
MGR	RIASCOS, ALFREDO	1810 S.W. 3RD AVE.	MIAMI FL 33129
MGR	VILLA, MAURICIO	1810 S.W. 3RD AVE.	MIAMI FL 33129
MGR	MIRANDA, FEDERICO	1810 S.W. 3RD AVE.	MIAMI FL 33129
MGR	SALDARRIAGA, NATALIA	1810 S.W. 3RD AVE.	MIAMI FL 33129
MGR	RIASCOS, ROSARIO	1810 S.W. 3RD AVE.	MIAMI FL 33129
MGR	GARCIA-REYES, PILAR	1810 S.W. 3RD AVE.	MIAMI FL 33129

12. 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

Date 10/22/02

Daytime Phone # 305 860 9776

CR2E084 (8/02)