

**2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 30, 2007  
Secretary of State**

DOCUMENT# L06000049763

Entity Name: HOME BISTRO LLC

**Current Principal Place of Business:**

1172 S DIXIE HWY #335  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

1172 S DIXIE HWY #335  
CORAL GABLES, FL 33146

**New Mailing Address:**

FEI Number: 20-4848215      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CALA, ADRIANA  
1172 S DIXIE HWY #335  
CORAL GABLES, FL 33146      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ADRIANA CALA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR      ( ) Delete  
Name: ORTIZ, MARIA C  
Address: 759 NAVARRE AVE  
City-St-Zip: CORAL GABLES, FL 33134

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      ( ) Delete  
Name: CALA, ADRIANA  
Address: 800 MAJORCA AVE  
City-St-Zip: CORAL GABLES, FL 33134

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ADRIANA CALA

MGR

10/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date