


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000096232 1. Entity Name TAQUERIA LA CABAÑA LLC	
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FILED

2007 DEC -4 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 302 S OHIO AVE. LIVE OAK, FL 32064	Mailing Address PO BOX 121 LIVE OAK, FL 32064
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2. Principal Place of Business - No P.O. Box # 426 E Howard St. Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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10172007 REIN-LLC CR2E101 (1/07)

City & State Live Oak, FL	4. FEI Number <input type="checkbox"/> Applied For Not Applicable
Zip 32064	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CUENCA, CARMEN 6910 W UNIVERSITY AVE. STE # 2 GAINESVILLE, FL 32607	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Carmen Cuenca* (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERNANDEZ, CRISTINO <input type="checkbox"/> Delete PO BOX 121 LIVE OAK, FL 32064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Hernandez, Cristino <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 426 E Howard St. Live Oak, FL 32064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100112789581 12/03/07--01070--002 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Carmen Cuenca* Date: 10/17/07 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE