

L01000006164

PLEASE READ AND INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 MAR 20 AM 11:27

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name
FLORIDA FRANCHISE DEVELOPMENT, LLC
L01000006164

2. Principal Office Address
1750 NW 66th AVENUE
Suite, Apt. #, etc. 212
City & State Miami, FL
Zip 33126 Country USA

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip Country

4. State/Country of Formation FL, USA
5. Date Organized or Qualified To Do Business in Florida 04/20/2001
6. FEI Number 65-1095936 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 ADOLFO MORENO
Street Address (P.O. Box Number is Not Acceptable) 1750 NW 66 AVENUE
Suite, Apt. #, Etc. 212
City Miami State FL Zip Code 33126

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 [Signature] REGISTERED AGENT MUST SIGN Date 03/03/03

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	ADOLFO MORENO	18634 SW 47 CT	MIRAMAR, FL 33029

100013515421
03/04/03--01065--002 **150.00

100013515421
03/20/03--01014--004 **50.00

REINSTATEMENT 2002-03

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 [Signature] ADOLFO MORENO Date 03/03/03 Daytime Phone # 7862850908
Typed or printed name of signing Managing Member/Manager ADOLFO MORENO

CR2E041 (10/02)