

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND FILED

02 OCT 30 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L0000000040

1. DOCUMENT # L0000000040
Name and Mailing Address

0011264 01 SP 0.370 **SGLP 0615 10459

LA ROSA DEL MONTE EXPRESS (ORLANDO), LLC
1133-35 TIFFANY ST
BRONX NY 10459

REINSTATEMENT 2002



CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 600 - 608 EAST LANDSTREET RD. ORLANDO FL 32824		5. Date Organized or Qualified To Do Business in Florida 01/03/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3693503	Applied For Not Applicable
8. Name and Address of Current Registered Agent PARALEGAL & ATTORNEY SERVICE BUREAU, INC. 1406 HAYS STREET, #2 TALLAHASSEE FL 32301		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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: *Kathleen J. Hill, Pres* Date: 10/30/02
REGISTERED AGENT MUST SIGN

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
P	RODRIGUEZ, HIRAM	1426 ROOSEVELT AVE	PELHAMMANOR NY 10803
V	DALZELL, STEVEN	46 CENTER ST	POMPTON LAKES NJ 07442

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10/31/02--01072--006 **150.00

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: *Steven W Dalzell* Date: 10/28/02 Daytime Phone #: 718-991-3300
Typed or printed name of signing Managing Member/Manager: STEVEN W DALZELL