

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 L0000000041

AND FILED

02 OCT 30 PM 1:17

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L0000000041  
 Name and Mailing Address

0011265 01 SP 0.370 \*\*SNGLP 0615 10459

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

REINSTATEMENT 2002



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/03/2000	
Principal Place of Business 7675 N.W. 66TH STREET MIAMI FL 33166	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1070792	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: *[Signature]* Katherine J. Hill, P.S. 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
			500008730625 10/31/02--01072--007 **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: *[Signature]* Date 10/28/02 Daytime Phone # 718-991-3300  
 Typed or printed name of signing Managing Member/Manager: STEVEN W DALZELL

CR2E084 (8/02)