

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC 28 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L00000003534**

1. Limited Liability Company's Name

EL REY SUPERMARKET, LLC

2. Principal Office Address

810 SW 12 AVE MIAMI FL 33130

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33130

Country

DADE

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

JUNE 5TH 2001

6. FEI Number

23-08-509251-01-7

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

ORESTES RUANO

Street Address (P.O. Box Number is Not Acceptable)

810 SW 12 AVE

Suite, Apt. #, Etc.

9000004762339-3

-01/09/02--01034--028

*****150.00 ***150.00**

City

MIAMI

State

FL

Zip Code

33130

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

Orestes Ruano

Date **12/23/01**

REGISTERED AGENT MUST SIGN

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
MANAGER	ORESTES RUANO	810 SW 12 AVE	MIAMI FL 33130
MANAGER			

REINSTATEMENT

**01
dec**

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

Orestes Ruano

Date **12/23/01**

Daytime Phone # **305-858-3735**

Typed or printed name of signing Managing Member/Manager

ORESTES RUANO

CR2E041 (9/01)