

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 10 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000004178

1. Limited Liability Company's Name

CHURRO'S & MORE, L.L.C.

2. Principal Office Address

7795 West Flagler Street

Suite, Apt. #, etc.

Bay 7

City & State

Miami, Florida

Zip

33144

Country

3. Mailing Office Address

191 Northwest 97th Avenue

Suite, Apt. #, etc.

Apt. 314

City & State

Miami, Florida

Zip

33172

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

04/12/2000

6. FEI Number

65-0997946

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

SPIEGEL & UTRERA, P.A.

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

1840 Southwest 22 Street

Suite, Apt. #, Etc.

4th Floor

City

Miami

State
FL

Zip Code

33145

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

SPIEGEL & UTRERA, P.A.

Natalia Utrera, Vice President

Date

12/6/02

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
MGR	Ramirez, Maria Virginia	191 NW 97 Ave, #314	Miami, Florida 33172
MGR	Ramirez, Morella	191 NW 97 Ave, #314	Miami, Florida 33172
MGR	Ramirez, Luis Sr.	191 NW 97 Ave, #314	Miami, Florida 33172

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

Date 12/05/02

Daytime Phone# (305) 365-0984

Typed or printed name of signing Managing Member/Manager Luis Ramirez, Sr.

CR2E041 (9/01)