


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 24 AM 10:23 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>L00000004689</u>					
1. Limited Liability Company's Name <u>Little Havana To Go LLC.</u>					
2. Principal Office Address <u>1442 S.W. 8 St.</u> <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address <u>1717 N. Bayshore Drive</u> <u>2456</u>		4. State/Country of Formation <u>Florida</u>	
City & State <u>Miami, FL.</u>		City & State <u>Miami, FL.</u>		5. Date Organized or Qualified To Do Business in Florida <u>4/20/00</u>	
Zip <u>33135</u>	Country <u>USA</u>	Zip <u>33132</u>	Country <u>USA</u>	6. FEI Number <u>65-1006554</u>	
				7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$500 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name <u>Carole Ann Taylor</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>1717 N. Bayshore Drive</u>					
Suite, Apt. #, Etc. <u>2456</u>					
City <u>Miami</u>					
State <u>FL</u>					
Zip Code <u>33132</u>					
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 <u>Carole Ann Taylor</u> REGISTERED AGENT MUST SIGN					
Date <u>12/21/01</u>					
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		
<u>Pres.</u>	<u>Carole Ann Taylor Mgr.</u>	<u>1717 N. Bayshore Dr. #2456</u>	<u>Miami FL 33132</u>		
REINSTATEMENT <u>01/01/02</u>					
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 <u>Carole Ann Taylor</u> Date <u>12/21/01</u> Daytime Phone # <u>305 857-9720</u>					
Typed or printed name of signing Managing Member/Manager <u>Carole Ann Taylor</u>					

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