

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
02 DEC 30 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
J. Smith  
Secretary of State  
VISITORS CORPORATION

DOCUMENT # L00000007491

1. Limited Liability Company's Name

KATALYX FOOD SERVICE, LLC

800009928028  
01/08/03--01001--008 \*\*15000.00

2. Principal Office Address

1221 BRICKELL AVE

3. Mailing Office Address

1221 BRICKELL AVE

Suite, Apt. #, etc.

6th FLOOR

Suite, Apt. #, etc.

21st Floor c/o Patricia Menendez

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33131-3258

Country

MIAMI-DADE

Zip

33131-3258

Country

MIAMI-DADE

4. State/Country of Formation

FL

5. Date Organized or Qualified

To Do Business in Florida 06/26/2000

6. FEI Number

52-2260659

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

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State  
FL

Zip Code

32301-2525

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

Brian Courtney

REGISTERED AGENT SIGN

Date

10/30/02

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
P/MGR	SANCHEZ TRASOBARES, ELISEO	1221 BRICKELL AVE, 6TH FLOOR	MIAMI, FL 33131
CFO	FEDRIANI, JAVIER	1221 BRICKELL AVE, 6TH FLOOR	MIAMI, FL 33131
T	PRIETO, MARCELO	1221 BRICKELL AVE, 6TH FLOOR	MIAMI, FL 33131
S/MGR	PAREJA, CRISTINA	1221 BRICKELL AVE, 6TH FLOOR	MIAMI, FL 33131

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

Cristina Pareja

Date

12/20/02

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Cristina Pareja

CR2E041 (9/01)