


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

10/2

DOCUMENT # L00000010689	
1. Entity Name DIEGO'S BISTRO, LLC	

FILED

04 NOV 24 PM 3:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business 8349 N.W. 12TH STREET MIAMI, FL 33126	Mailing Address 3830 S.W. 137 AVE MIAMI, FL 33175
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

11232004 REIN-LLC CR2E101 (6/04)

4. FEI Number
65-1037521

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LOPEZ, WILLIAM 8349 N.W. 12TH STREET MIAMI, FL 33126	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2005, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, WILLIAM 8349 N.W. 12TH STREET MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAM LOPEZ 6750 NW 193 LN MIAMI, FL 33015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOPEZ, JANETH 8349 N.W. 12TH STREET MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUZ A. LOPEZ 6750 NW 193 LN MIAMI, FL 33015 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

REINSTATEMENT

2004

no penalty

504132912777
05/04/04 90020 016
\$50.00

2 of 2

DIEGO'S BISTRO, LLC

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISE THAT ON APRIL 13, 2004 I SUBMITTED THE ANNUAL REPORT
PAYMENT ALONG WITH THE PAYMENT AND I NEVER RECEIVED A REJECTED
LETTER FROM YOUR OFFICE.

AS PER YOUR INSTRUCTIONS, I AM ENCLOSING MY COMPLETE ANNUAL
REPORT FORM ALONG WITH THE COPY OF THE CHECK ALREADY CASHED, IN
ORDER TO PUT MY COMPANY IN THE NORMAL STATUS. I APPRECIATE ALL
YOUR HELP IN THIS MATTER.

THANK YOU FOR YOUR TIME AND CONSIDERATION IN THIS MATTER AND IF
YOU HAVE ANY FURTHER QUESTION, PLEASE DO NOT HESITATE TO CONTACT
ME.

CORDIALLY,



WILLIAM LOPEZ
PRESIDENT

RECEIVED
04 NOV 24 AM 10:19
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Reinstatement 11/24

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

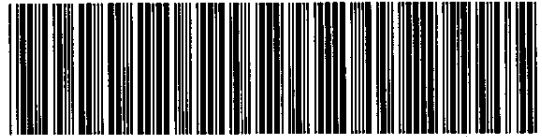
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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NOV 24 2014

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04 NOV 24 PM 3:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA



Reinstatement

11/24

ACCOUNT NO. : 072100000032

REFERENCE : 992668 4323941

AUTHORIZATION :

Patricia Pizote

COST LIMIT : \$ 150.00

ORDER DATE : November 23, 2004

ORDER TIME : 8:48 AM

ORDER NO. : 992668-005

CUSTOMER NO: 4323941

CUSTOMER: Deanna Blizzard
Roll International Corporation
10th Floor
11444 West Olympic Blvd.
Los Angeles, CA 90064

REINSTATEMENT

NAME: TELEFLORA, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____

RECEIVED
04 NOV 24 AM 10:29
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA