

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L00000014374

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

DOCUMENT # **L00000014374**

1. Limited Liability Company's Name

CAFE AL PASO, L.L.C.

9/28/01

2. Principal Office Address

546 N.E. 199th Lane W

3. Mailing Office Address

Same as a number 2.

Suite, Apt. #, etc.

4W.

Suite, Apt. #, etc.

City & State

Miami - Florida

City & State

Zip

33179

Country

U.S.A.

Zip

Country

4. State/Country of Formation

Miami - Florida

5. Date Organized or Qualified
To Do Business in Florida

11-21-00

6. FEI Number

65-1056571

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

USA SOLUTIONS L.L.C.

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

4770 Biscayne Boulevard

Suite, Apt. #, Etc.

Suite # 1040

City

Miami

State

FL

Zip Code

33137

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

Rodrigo I. Salazar M.
REGISTERED AGENT MUST SIGN

"AMEVISANET, LC"

Date **10/22/2002.**

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
Memr	Rodrigo I. Salazar M	546 N.E. 199th Lane W	Miami - FL 33179
			11/15/02--01016--001 **50.00
			700008579807
			10/24/02--01109--001 **150.00
			REINSTATEMENT 2001-2002
			700008579807
			10/24/02--01109--001 **150.00
			PSK

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

Rodrigo I. Salazar M.

Date **10-22-02.**

Daytime Phone # **305-576-6250**

Typed or printed name of signing Managing Member/Manager

Rodrigo I. Salazar M.

CR2E041 (9/01)