L00000015019

...LEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUL 16 PM 3:48

CR2E041 (1/07)

DOCUMENT # L00000015019

1. Limited Liability Company's Name
Brasero Restaurants International, LLC

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
1799 Belltower LN	12711 W Sunrise Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Weston, FL	City & State: Sunrise, FL
Zip: 33327 Country: USA	Zip: 33323 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 12-06-00

6. FEI Number: 58-2586429 ☐ 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: BW&T Business Advisers, Inc
Street Address (P.O. Box Number is Not Acceptable): 9050 Pines Blvd
Suite, Apt. #, Etc.: 450
City: Pembroke Pines State: FL Zip Code: 33024

☒ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

BLT

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 _____ Date 07-09-07
REGISTERED AGENT MUST SIGN

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	Alvarez, Carlos	12711 W. Sunrise Blvd.	Sunrise, FL 33323
		300106345223 07/18/07--01051--005 **200.00	
	FF - $200	REINSTATEMENT 2004-2007	
	RF - N/A		

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 by Carlos Alvarez Date 07/09/07 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager Carlos Alvarez, Manager