

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED
02 DEC 12 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000001539

Name and Mailing Address

0001336 01 FP 0.352 **PRSR T5 0 0615 33029-580211
AT. CAFE LLC
18411 MIRAMAR PARKWAY
MIRAMAR FL 33029-5802

600009485416
12/12/02--01032--002 **150.00



CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

Principal Place of Business

18411 MIRAMAR PARKWAY
MIRAMAR FL 33029

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

01/30/2001

6. FEI Number

65-1073549

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

ALVARO CASTILLO B., P.A.
1390 BRICKELL AVE.
SUITE 200
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

REGISTERED AGENT MUST SIGN

Date Dec. 4/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BRICENO, MARIA ANGELICA	3755 OAK RIDGE CIR	WESTON FL 33331

REINSTATEMENT 2002

mk

12. 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

Date Dec 4/02

Daytime Phone # (954) 4476779

Typed or printed name of signing Managing Member/Manager