

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Glenda E. Wood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 JAN 22 PM 1:34

1. DOCUMENT # L01000003977

Name and Mailing Address

0002338 01 AT 0.292 **AUTO T1 0 0615 32504-704010



MIJO CAFE, LLC
 6410 GUILFORD DR
 PENSACOLA FL 32504-7040



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 34 SOUTH PALAFOX PL PENSACOLA FL 32501		5. Date Organized or Qualified To Do Business in Florida 03/08/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3705277	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent POLLOCK, JOHN C 5196 ROWE TRAIL PACE FL 32571		9. Name and Address of New Registered Agent Name: Pollock, John C Street Address (P.O. Box Number is Not Acceptable): 6410 GUILFORD DR City: PENSACOLA FL Zip Code: 32504	
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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: *John Pollock* **SIGNATURE REQUIRED** Date: 12-27-03
 REGISTERED AGENT MUST SIGN

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
V	POLLOCK, MICHELLE	6410 GUILFORD DR	PENSACOLA FL 32504

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: *Michelle G. Pollock* **SIGNATURE REQUIRED** Date: 12-27-03 Daytime Phone #: 850-438-7788
 Typed or printed name of signing Managing Member/Manager: MICHELLE G. Pollock

CR2E084 (7/03)