

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2004 Annual Report

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

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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	
8. Name and Address of Current Registered Agent POLLOCK, JOHN C 5196 ROWE TRAIL PACE FL 32571		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		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	
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: [Signature] <b>SIGNATURE REQUIRED</b> 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
500026039885 01/06/04--01003--021 **150.00			
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: [Signature] <b>SIGNATURE REQUIRED</b> Date: 12-27-03 Daytime Phone #: 850-438-7788 Typed or printed name of signing Managing Member/Manager: MICHELLE G. Pollock			