L01000061164

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2003 MAR 20 AM 11:27
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

FLORIDA FRANCHISE DEVELOPMENT, LLC

L01000061164

2. Principal Office Address	**3.** Mailing Office Address
1750 NW 66th AVENUE	
Suite, Apt. #, etc.: 212	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33126 Country: USA	Zip Country

4. State/Country of Formation: FL, USA

5. Date Organized or Qualified To Do Business in Florida: 04/20/2001

6. FEI Number: 65-1095936 ☐ 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: ADOLFO MORENO

Street Address (P.O. Box Number is Not Acceptable): 1750 NW 66 Avenue

Suite, Apt. #, Etc.: 212

City: Miami State: FL Zip Code: 33126

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: Adolfo Date: 03/03/03

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGRM	ADOLFO MORENO	18634 SW 47 CT	MIRAMAR, FL 33029

100013515421
03/04/03--01065--002 **150.00

100013515421
03/20/03--01014--004 **50.00

REINSTATEMENT 2002-03

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: Adolfo Date: 03/03/03 Daytime Phone #: 7862850908

Typed or printed name of signing Managing Member/Manager: ADOLFO MORENO