

PLEASE 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
05 NOV 15 AM 9:52

DOCUMENT # L01000007688

1. Limited Liability Company's Name

BRAZILIAN COFFEE INTERNATIONAL

2. Principal Office Address

4090 NW 42ND AVE

Suite, Apt. #, etc.

210

City & State

Lauderdale Lakes

Zip

33319

Country

U.S.A.

3. Mailing Office Address

4090 NW 42ND AVE

Suite, Apt. #, etc.

210

City & State

Lauderdale Lakes

Zip

33319

Country

U.S.A.

CR2E041 (8/05)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business In Florida

05/16/2001

6. FEI Number

65-1133323

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

Omar De La Vega

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

4050 NE 42ND AVE

Suite, Apt. #, Etc.

220

City

Lauderdale Lakes

State

FL

Zip Code

33319

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 **11/11/2005**

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	Manuel C Novoa	4090 NW 42ND AVE	Lauderdale Lakes/FL/33319
MGRM	Omar De La Vega	4050 NE 42ND AVE	Lauderdale Lakes/FL/33319
MGRM	Floravante O De La Vega	4050 NE 42ND AVE	Lauderdale Lakes/FL/33319

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

Date **11/11/2005**

Daytime Phone # **(954)696-7920**

Typed or printed name of signing Managing Member/Manager