

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV -5 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000009725

1. Limited Liability Company's Name

X Foods International LLC

2. Principal Office Address

1242 NW 25 STREET

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33122

Country

USA

3. Mailing Office Address

1242 NW 25 STREET

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33122

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

06/13/2001

6. FEI Number

113661709

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

ANDRES GUERRA

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

1242 NW 25 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33122

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

*[Signature]*

Date November 3 / 2003

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	GUERRA ALVARO	1242 NW 25 ST.	MIAMI FL 33122
MGR	GUERRA ANDRES	1242 NW 25 ST	MIAMI FL 33122

REINSTATEMENT

03  
Dec

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

*[Signature]*

Date 3/NOV/03

Daytime Phone #

305 4063909

Typed or printed name of signing Managing Member/Manager

ANDRES GUERRA

CP2EDM1 (10/02)

**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE FORM.**  
**IF YOU NEED ASSISTANCE, PLEASE CALL THE REGISTRATION SECTION AT (850) 245-6051.**

- Block 1** Enter the limited liability company's document number and name. The name of the limited liability company cannot be changed by way of this application. The name may be changed by filing an amendment with our Registration Section. Please call the Registration Section at (850) 245-6051 for information on filing a name change.
- Block 2** Enter the limited liability company's principal place of business address.
- Block 3** Enter the limited liability company's mailing address. (Please NOTE: All correspondence will be mailed to the mailing address of the limited liability company. Reports are not mailed to the registered office address. A post office box is acceptable.)
- Block 4** Enter state or country, if other than U.S., under the laws of which entity was formed.
- Block 5** Enter the date organized or qualified with this office.
- Block 6** Enter your Federal Employer Identification (FEI) Number or check the appropriate box. If "APPLIED FOR" was previously reported, you must now provide the FEI number or attach a photocopy of your application for the FEI number to this form or this application will be rejected.
- Block 7** Your cancelled check will be your filing acknowledgement unless a certificate of status is requested in Block 7 and an additional \$5.00 is submitted to cover its fee. Certificates of status will be mailed to the limited liability company's mailing address unless accompanied by a cover letter indicating the name and address to whom the certificate should be mailed.
- Block 8** Section 608.415 or 608.507, Florida Statutes, requires all foreign and domestic limited liability companies to continuously maintain a registered agent and registered office in this state. The business office of the registered agent must be the same as the registered office pursuant to section 608.415 and 608.507, Florida Statutes, and the registered office must be a Florida street address.
- Block 9** The designated registered agent must indicate familiarity with Chapter 608, F.S., and acceptance of its obligations and this appointment by completing and signing Block 9. ALL REINSTATEMENTS MUST BE SIGNED BY THE REGISTERED AGENT in accordance with Section 608.4482, F.S. If the registered agent does not sign, the application will be rejected.
- Block 10** Enter the name, title and street address of each manager or managing member. Use the following abbreviations: MGR = Manager; and MGRM = Managing Member. Attach additional sheets if necessary.
- Block 11** Block 11 must be signed by a current managing member or manager listed in Block 10 or on an attachment. If the limited liability company is in the hands of a receiver, it must be signed by the trustee or receiver.

**MAKE CHECKS PAYABLE TO DEPARTMENT OF STATE.**

**FEES:** Reinstatement Fee .....\$100.00  
Annual Report Fee .....\$ 50.00 (for each year or a part of a year dissolved)  
Minimum Amount Due.....\$150.00

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**COURIER SERVICE ADDRESS:**  
Division of Corporations  
Registration Section  
409 E. Gaines St.  
Tallahassee, FL 32399

**INTERNET ADDRESS:**  
<http://www.sunbiz.org>

Phone: (850) 245-6051  
Hearing/Voice Impaired may call (850) 245-6096 (TDD)