PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2004 JUN 18 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000000372

1. Limited Liability Company's Name
SLIM & SOFT BREAD LLC

05/27/04 01016--002 #105.00
000037365430

2. Principal Office Address	3. Mailing Office Address
7237 NE 4Th Ave.	7237 NE 4Th Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
MIAMI, FLORIDA	MIAMI, FLORIDA
Zip 33138 / Country USA	Zip 33138 / Country USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 01/07/02

6. FEI Number: 75-2972717 ☐ 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: ROBERTO RETONDARO
Street Address (P.O. Box Number is Not Acceptable): 7237 NE 4TH AVE.
Suite, Apt. #, Etc.:
City: MIAMI State: FL Zip Code: 33138

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: RR
REGISTERED AGENT MUST SIGN
Date: MAY 18, 2004

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	ROBERTO RETONDARO	7237 NE 4TH AVE.	MIAMI, FL 33138
MGR	OSVALDO RETONDARO	7237 NE 4TH AVE.	MIAMI, FL 33138
MGRM	EDUARDO JIMENEZ	7237 NE 4TH AVE.	MIAMI, FL 33138
	REINSTATEMENT 03-04		AL

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: RR
Date: MAY 18, 04
Daytime Phone #: (305) 795-2126

Typed or printed name of signing Managing Member/Manager: ROBERTO RETONDARO