PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 APR 26 P 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000009346

1. Limited Liability Company's Name

CAFETO, LLC
5731 N.W. 112th Avenue, #116
Miami, Florida 33178

2. Principal Office Address	**3.** Mailing Office Address
5731 N. W. 112th Avenue, #116	# 11Same
Suite, Apt. #, etc.: 116	Suite, Apt. #, etc.
City & State: Miami, Florida 33178	City & State
Zip: 33178 Country: USA	Zip Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 4/18/02

6. FEI Number: 01-0692396 ☐ 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: Ivan Teran

Street Address (P.O. Box Number is Not Acceptable): 5731 N. W. 112th Avenue, # 116

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Suite, Apt. #, Etc.:

City: Miami, Florida 33178 State: FL Zip Code:

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: 4/21/04
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
MGR	IVAN TERAN	5731 N. W. 112th Avenue, #116	Miami, Florida 33178
MBR	CARLA ALEJANDRA Lopez	5731 N.W. 112 Ave. #116	Miami, Florida 33178
		REINSTATEMENT 03-04	

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: 4/21/04 Daytime Phone #: (786) 854-8202

Typed or printed name of signing Managing Member/Manager: IVAN TERAN (786) 854-8202