

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

1082

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

04 MAY 28 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L020000009983

1. Limited Liability Company's Name

THE ORIGINAL CHICHA & COCADAS LLC

REINSTATEMENT

2003 -
2004

2. Principal Office Address

15962 NW 48th Ave

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33014

Country

USA

3. Mailing Office Address

15962 NW 48th Ave

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33014

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

APRIL 25, 2002

6. FEI Number

04-3663293

☒ 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

DENNY COHEN

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

16711 COLLINS AVE

Suite, Apt. #, Etc.

N^o 1806

City

SUNNY ISLES BEACH

State

FL

Zip Code

33160

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

Denny Cohen

REGISTERED AGENT MUST SIGN

Date 05/27/04

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	DENNY D COHEN	16711 COLLINS AVE # 1806	SUNNY ISLES, FL 33160

05/05/03 906096 044 850⁰⁰

JB

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

Denny Cohen

Date 5/27/04

Daytime Phone (305) 801-8027

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)