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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**FILED**

**04 JAN -9 PM 12:50**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**1. DOCUMENT # L02000013434**

Name and Mailing Address

0007920 01 AT 0.292 \*\*AUTO T9 0 0815 33196-107400



**TACO EXPRESS L.C.**  
**9400 SW. 164 CT.**  
**MIAMI FL 33196-1074**



|   |  |  |   |
|---|--|--|---|
| 2. New Mailing Address  |  | 4. State/Country of Formation<br><b>FL</b>   |   |
| City, State, Zip  |  | 5. Date Organized or Qualified To Do Business in Florida<br><b>06/03/2002</b>  |   |
| Principal Place of Business<br><b>9400 SW. 164 CT.</b><br><b>MIAMI FL 33196</b> | 3. New Principal Place of Business Address | 6. FEI Number<br><b>02-0616279</b>   | Applied For<br><input type="checkbox"/> Not Applicable<br><input checked="" type="checkbox"/> |
| City, State, Zip  |  | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status |   |

|  |   |
|--|---|
| 8. Name and Address of Current Registered Agent<br><br><b>DELGADO, FABIAN E</b><br><b>9400 SW. 164 CT</b><br><b>MIAMI FL 33196</b> | 9. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |
|--|---|

10. 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 REQUIRED**  
**REGISTERED AGENT MUST SIGN**

Date **1.05.04**

11. Names and Street Addresses of Each Managing Member/Manager

| Title(s)  | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip    |
|---|-----------------------------------|--|-----------------------|
| <b>MGRM</b>   | <b>DELGADO, FABIAN E</b>          | <b>9400 SW 164 CT.</b>                         | <b>MIAMI FL 33196</b> |
| <b>MGRM</b>   | <b>DELGADO, ALEXIA A</b>          | <b>9400 SW. 164 CT</b>                         | <b>MIAMI FL 33196</b> |
| <b>500026609395</b><br><b>01/09/04--01062--005 **150.00</b> |                                   |  |                       |
| <b>REINSTATEMENT</b> <b>03</b>                              |                                   |  |                       |

12. 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 REQUIRED**

Date **1.05.04** Daytime Phone # **305-2322286**

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)