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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LLC  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 OCT 18 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L 02000016342

1. Corporation Name

FRANCHISE INVESTORS, LLC

2. Principal Office Address

6751 NW 115 PLACE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33178

Country

USA

3. Mailing Office Address

6751 NW 115 PLACE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33178

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

6/28/02

5. FEI Number

75-3070420

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GILBERTO MORALES

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

6751 NW 115 PLACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33178

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

Date 10/05/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P-S	GILBERTO MORALES	6751 NW 115 PLACE	MIAMI, FL 33178

900041938859  
10/18/04--01068--004 \*\*150.00

REINSTATEMENT 2004

10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

*[Signature]*  
GILBERTO MORALES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/05/04

Date

(305) 592 3099

Daytime Phone #

CR2001 (01/04)

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TELEPHONE: 305-513-3639  
FAX: 305-513-4122

CABANAS & ASSOCIATES, P.A.  
ACCOUNTING, TAX PLANNING & PREPARATION  
SQUARE ONE BUSINESS CENTER  
10520 N.W. 26<sup>TH</sup> STREET  
SUITE C-201  
MIAMI, FLORIDA 33172

MEMBER OF  
NATIONAL SOCIETY OF PUBLIC ACCOUNTANTS  
FLORIDA ASSOCIATION OF INDEPENDENT ACCOUNTANTS

October 5, 2004

Department of State  
Division of Corporations  
P. O. Box 6198  
Tallahassee, FL 32314

RE: FRANCHISE INVESTORS, L.L.C.  
L 02000016342

Gentlemen:

We are the new Accountants for the above-referenced Corporation and have been asked by our client to correspond with you concerning their late filing of their Annual Report for the year 2004.

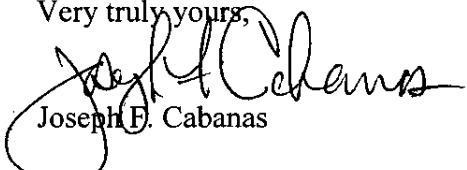
Please note that our client requests amnesty and abatement of the \$400.00 penalty due to the fact that they never received the Annual Report application since they moved at the beginning of 2004.

We are enclosing a signed Annual Report Form with a check for \$150.00 for the original filing fee.

We respectfully request that you please consider the above circumstances and abate the late filing penalty.

Thank you for your attention to this matter.

Very truly yours,

  
Joseph F. Cabanas

Enclosure