PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF
DIVISION OF CORPS

04 FEB -9 PM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

600028438076
02/09/04--01062--008 **200.00

DOCUMENT # L02000028315

1. Limited Liability Company's Name
Coqui Bakery-N-Deli LLC

2. Principal Office Address	3. Mailing Office Address
11229 E. COLONIAL DR	SAME
Suite, Apt. #, etc.: 110	Suite, Apt. #, etc.:
City & State: ORLANDO FL	City & State:
Zip: 32817 Country: USA	Zip: Country:

4. State/Country of Formation: ORLANDO Florida USA
5. Date Organized or Qualified To Do Business in Florida: 10/24/02
6. FEI Number: 161636216 ☐ 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: BUSINESS FILINGS INCORPORATED
Street Address (P.O. Box Number is Not Acceptable): 1000 WEST AVENUE STE. 1114
Suite, Apt. #, Etc.:
City: MIAMI BEACH State: FL Zip Code: 33139

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: 1/2/04
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
MANAGR	Edgardo Reveron	13851 GLASSER AVE.	ORLANDO FL. 32826
MANAGR	Miguel Torres	6099 VILLAGE SQUARE CIRCLE.	ORLANDO FL. 32822
Manag	Chris Camacho	16943 CORNER HILL CT ~~GOLD~~ ORLANDO FL	ORLANDO FL 32820
		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: 1/2/04 Daytime Phone #: 407-207-6903

Typed or printed name of signing Managing Member/Manager: Edgardo Reveron