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T-581 P.03/03 Job-495

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FAX AUDIT

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000030370

1. Limited Liability Company's Name
CHISPA RESTAURANT-CORAL GABLES, LLC

REINSTATEMENT 2003

2. Principal Office Address	3. Mailing Office Address
3075 NW 107TH AVE	3075 NW 107TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33172 Country: USA	Zip: 33172 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 11/13/2002

6. FEI Number: 65-1163427 ☐ 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: AMERICAN INFORMATION SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable): ONE S.E. 3RD AVENUE

Suite, Apt. #, Etc.: 28TH FLOOR

City: MIAMI State: FL Zip Code: 33131

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: By Angelica M. Chiru American Information Services, Inc. Angelica M. Chiru, Assistant Secretary Date: OCTOBER 6, 2003

REGISTERED AGENT MUST SIGN

CR2E011 (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
MANAG	MIKE TOMAS	3075 NW 107TH AVE.	MIAMI, FL 33172

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: MTomas Date: 10/06/03 Daytime Phone #: 786-336-8263

Typed or printed name of signing Managing Member/Manager: MIKE TOMAS, MANAGER

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2003

Florida Department of State

Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0383

From: Angelica M. Chiru
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
Phone : (305)374-5600
Fax Number : (305)374-5095

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LIMITED LIABILITY REINSTATEMENT

CHISPA RESTAURANT-CORAL GABLES, LLC

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Department of State 10/6/2003 3:32 PAGE 1/1 RightFAX

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 6, 2003

CHISPA RESTAURANT-CORAL GABLES, LLC
3075 N.W. 107TH AVE.
MIAMI, FL 33172

SUBJECT: CHISPA RESTAURANT-CORAL GABLES, LLC
REF: L02000030370

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley
Document Specialist

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