

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
 REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

L02000032474

FILED
 03 OCT 24 PM 1:58

1. DOCUMENT # L02000032474
 Name and Mailing Address

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

0007458 01 AT 0.292 **AUTO T8 0 0615 33178-374609

 LOS COLOMOS FOODS CO., LLC
 10809 NW 73RD TERRACE
 MIAMI FL 33178-3746



US

2. New Mailing Address PO Box 227145		4. State/Country of Formation FL	
City, State, Zip Miami, FL 33122-7145		5. Date Organized or Qualified To Do Business in Florida 12/04/2002	
Principal Place of Business 10809 NW 73RD TERRACE MIAMI FL 33178 US	3. New Principal Place of Business Address City, State, Zip		6. FEI Number 04-3726472
		Applied For Not Applicable	
		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 BURNET, LAURENCE C 10809 NW 73RD TERRACE MIAMI FL 33178		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600024059466 10/24/03-01012-009 ***150.00 City FL Zip Code	
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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] **SIGNATURE REQUIRED** Date 10/20/03
 REGISTERED AGENT MUST SIGN

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
VP	Luz Maria Restrepo	10809 NW 73 rd Terrace	Miami, FL 33178

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] Date 10/20/03 Daytime Phone # 305 500 9462
 Typed or printed name of signing Managing Member/Manager Luz Maria Restrepo

CR2E084 (7/03)