


# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000019851		
1. Entity Name CORONA'S FINEST LLC		

Principal Place of Business 151 NW 72ND TERRACE PEMBROKE PINES, FL 33024	Mailing Address 151 NW 72ND TERRACE PEMBROKE PINES, FL 33024
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2. Principal Place of Business <u>SAME AS ABOVE</u>	3. Mailing Address <u>SAME AS ABOVE</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent  CORDERO, NELDA L <del>COT ARKEH</del> 151 NW 72ND TERRACE PEMBROKE PINES, FL 33024	
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7. Name and Address of New Registered Agent Name <u>SAME</u> Street Address (P.O. Box Number is Not Acceptable)  City <u>FL</u> Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>11/1/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Owner / Manager</u> <u>Juan Carlos Rodriguez</u> <u>151 NW 72nd Terrace</u> <u>Pembroke Pines, FL 33024</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: <u>Juan C Rodriguez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <u>11/1/04</u> (954) Daytime Phone # <u>967-9307</u>

FILED  
2004 NOV -4 PM 4:09  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

11012004 REIN-LLC CR2E101 (6/04)

4. FEI Number <u>77-0605704</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

7. Name and Address of New Registered Agent Name <u>SAME</u> Street Address (P.O. Box Number is Not Acceptable)  City <u>FL</u> Zip Code	
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SIGNATURE <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>11/1/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>
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10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>400042475204</u> <u>11/04/04--01044--006 **55.00</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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