

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JUN -9 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000020289

1. Limited Liability Company's Name

LA PLACITA MEXICANA - PARRISH. L.L.C.

12341

12341

2. Principal Office Address - No P.O. Box #

12345 US HWY 301

Suite, Apt. #, etc.

3. Mailing Office Address

12345 US HWY 301

Suite, Apt. #, etc.

City & State

PARRISH, FL

City & State

PARRISH, FL

Zip

34219

Country

USA

Zip

34219

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida **06/05/2003**

6. FEI Number

20-0270331

☐ 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

ANDREW T. AMES, CPA

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

128 W. OAK STREET

Suite, Apt. #, Etc.

City

ARCADIA

State

FL

Zip Code

34266

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Date **05/26/2009**

REGISTERED AGENT MUST SIGN

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
MGRM	LUIS CASTRO	12341 US HWY 301	PARRISH, FL 34219
	S. HAWKES		
	JUN 10 2009		
	EXAMINER		
		S. HAWKES	
	REINSTATEMENT		
	2006-09		
		EXAMINER	

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

Date **05/26/2009**

Daytime Phone# **941-776-0438**

Typed or printed name of signing Managing Member/Manager **LUIS CASTRO**