

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 28 PM 2: 16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **LO3 000829402**

1. Limited Liability Company's Name

FAMA DE AMERICA COFFEE, LLC.

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
2250 NW 136TH AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address
2250 NW 136TH AVENUE

Suite, Apt. #, etc.

City & State
PEMBROKE PINES FL

City & State
PEMBROKE PINES FL

Zip
33028

Country
USA

Zip
33028

Country
USA

4. State/Country of Formation
FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida **07/24/2003**

6. FEI Number
20-0113865

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
JOSE G. TOVAR DEL CORRAL

Street Address (P.O. Box Number is Not Acceptable)
2250 NW 136TH AVENUE

Suite, Apt. #, Etc.

City
PEMBROKE PINES

State
FL

Zip Code
33028

☒ 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 **12/18/2007**

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
MGR	GUILLERMINA GONZALEZ	2250 NW 136TH AVENUE	PEMBROKE PINES FL 33028
MGR	ROBERTO AZUAJE	2250 NW 136TH AVENUE	PEMBROKE PINES FL 33028
MGR	BERNARDO AZUAJE	2250 NW 136TH AVENUE	PEMBROKE PINES FL 33028
MGR	OTTO GONZALEZ	2250 NW 136TH AVENUE	PEMBROKE PINES FL 33028
REINSTATEMENT 04-07			

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 **12/18/2007**

Daytime Phone # **(954) 385-2284**

Typed or printed name of signing Managing Member/Manager

ROBERTO AZUAJE