

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 DEC -6 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000031446

1. Entity Name
C.J. CAFE, LLC



Principal Place of Business
7601 E. TREASURER DR, STE 2
NORTH BAY VILLAGE, FL 33141

Mailing Address
7601 E. TREASURER DR, STE 2
NORTH BAY VILLAGE, FL 33141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12022004 REIN-LLC CR2E101 (6/04)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAZQUEZ, JORGE
7601 E. TREASURER DR, STE
NORTH BAY VILLAGE, FL 33141

Name

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

City

FL

Zip Code

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

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12-2-04

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME LABANDERA, MARIA CLAUDIA
STREET ADDRESS 7430 CARLYLE AVE, APT 1
CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE ☒ Change ☐ Addition
NAME 6801 Harding Ave. N2 511
STREET ADDRESS Miami Beach FL 33141
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME VAZQUEZ, JORGE
STREET ADDRESS 7915 E DRIVE, APT 3-H
CITY-ST-ZIP NORTH BAY VILLAGE, FL 33141

TITLE ☐ Change ☐ Addition
NAME 000043211960
STREET ADDRESS 12/06/04--01038--022 **50.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Maria C. Labandera

Maria C. Labandera MGR. 12/2/04 (305) 864-1787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #