

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

DOCUMENT # L04000064049

1. Limited Liability Company's Name

COFFEEXPRESS, LLC
6856 N.W. 77TH CT.
MIAMI, FL 33166

06 DEC 21 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

6856 N.W. 77TH CT.
Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33166

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

U.S.A.

4. State/Country of Formation

DADE-MIAMI
**5. Date Organized or Qualified
To Do Business in Florida**

8/30/04

6. FEL Number

20-1565599

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

CLAUDIA MALUFF DE BOFFI

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

1032 N.W. 139TH TERR.

Suite, Apt. #, Etc.

City

PEMBROKE PINE, FL

State

FL

Zip Code

33028

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**

[Signature]

Date 12-14-06

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	CLAUDIA MALUFF DE BOFFI	1032 N.W. 139TH TERR,	PEMBROKE PINE, FL. 33028

REINSTATEMENT 2005-2006

500082930655
12/28/06--01045--006 **50.00
500082930655
12/28/06--01045--007 **150.00

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**

[Signature]

Date 12-14-2006 **Daytime Phone** #305-559-4341

Typed or printed name of signing Managing Member/Manager

CLAUDIA MALUFF DE BOFFI