2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 17 AM 9:02

DOCUMENT # L05000030221

1. Entity Name
RIGA RESTAURANT CONCEPTS L.L.C.

Principal Place of Business	Mailing Address
7682 WILES RD CORAL SPRINGS, FL 33067	7682 WILES RD CORAL SPRINGS, FL 33067

2. Principal Place of Business	3. Mailing Address
5963 W. Hillsboro Blvd	5963 W. Hillsboro Blvd
Suite, Apt. #, etc.: B	Suite, Apt. #, etc.: B
City & State: Parkland	City & State: Parkland
Zip: 33067 Country: Broward	Zip: 33067 Country: Broward

11012006 REIN-LLC CR2E101 (11/05)

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

GUILAWES, AUDREY M
7682 WILES RD
CORAL SPRINGS, FL 33067

7. Name and Address of New Registered Agent

Name: Gavilanes, Audrey
Street Address (P.O. Box Number is Not Acceptable): 5963 W. Hillsboro Blvd
City: Parkland **FL** Zip Code: 33067

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: Audrey Gavilanes
Signature, typed or printed name of Registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
After January 1, 2007, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR TROIA, ROSARIO 7682 WILES RD CORAL SPRINGS, FL 33067	☐ Delete	MGR TROIA, ROSARIO 5963 W. Hillsboro Blvd Parkland FL 33067	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GAUILAWES, AUDREY M 7682 WILES RD CORAL SPRINGS, FL 33067	☐ Delete	MGRM GAVILANES, Audrey 5963 W. Hillsboro Blvd Parkland, FL 33067	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	700081905257 11/17/06--01046--014 **55.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	REINSTATEMENT 2006	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] 10/6/06 954 346-2770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #