

PLEASE READ ALL INSTRUCTIONS BEFORE

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000088054

1. Limited Liability Company's Name

CHIHUAHUA MEXICAN GRILL LLC

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

4101 S MACDILL AVE

3. Mailing Office Address

4101 S MACDILL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33611

Country

USA

Zip

33611

Country

USA

8. Name and Address of Current Registered Agent

Name

GEORGE J.F. WERNER ESQ.

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

1602 EAST 3RD AVE

Suite, Apt. #, Etc.

City

YBOR CITY

State

FL

Zip Code

33605

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

*George J.F. Werner*

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	C HERNANDEZ	4101 S MACDILL AVE	TAMPA FL 33611
AR	EDGAR MENDEZ	4101 S MACDILL AVE	TAMPA FL 33611
AR	A GARCIA	4101 S MACDILL AVE	TAMPA FL 33611
AR	JENNY GARCIA	4101 S MACDILL AVE	TAMPA FL 33611

11. E-mail Address:

GJFW.law@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

*C Hernandez*

Date

JAN 9 15

Daytime Phone #

813 8372138

Typed or printed name of signing Authorized Representative/Manager

C

HERNANDEZ

MW/2/4/5

FILED

15 FEB 4 PM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300269102393  
02/04/15--01003--009 \*\*138.75

CR2E041 (1/14)

300269102393  
02/04/15--01003--010 \*\*138.75

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

09/01/05

6. FEI Number

510550907

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

300269102393  
02/04/15--01003--006 \*\*138.75

300269102393  
02/04/15--01003--005 \*\*100.00

300269102393  
02/04/15--01003--004 \*\*5.00

Date Jan 9 2015  
300269102393  
02/04/15--01003--011 \*\*138.75

300269102393  
02/04/15--01003--012 \*\*138.75

300269102393  
02/04/15--01003--007 \*\*138.75

300269102393  
02/04/15--01003--008 \*\*138.75