

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 AUG 11 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500159329945
08/06/09--01049--017 **516.25

CR2E041 (10/08)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000035572

1. Limited Liability Company's Name

HERMANOS MARKET LLC

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

3102 N. 15th St.

Suite, Apt. #, etc.

3. Mailing Office Address

501 N. GOMEZ AVE.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33605

Country

Hillsborough

Zip

33609

Country

Hillsborough

8. Name and Address of Current Registered Agent

Name

MARLON COUNDTRES

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

3102 N. 15th St.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33605

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

4-5-2006

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☐ 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

Marlon Coudtres
REGISTERED AGENT MUST SIGN

Date 08/04/09

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
mgrm	MARLON I COUNDTRES	3102 N. 15th ST	Tampa FL 33605
mgrm	JOSE A VELASQUEZ	3102 N. 15th ST	Tampa FL 33605

REINSTATEMENT 07-09

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 608.408, 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

JOSE A VELASQUEZ

Date 08/04/09

Daytime Phone # 813-770-3919

Typed or printed name of signing Managing Member/Manager