

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY -4 PM 1:32

DOCUMENT # L66000047040

1. Limited Liability Company's Name

BURRITO EXPRESS LLC

600180260826
05/04/10--01008--019 **277.50

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 48 E. FLAGLER ST.		3. Mailing Office Address 48 E. FLAGLER ST.	
Suite, Apt. #, etc. SUITE M44		Suite, Apt. #, etc. SUITE M44.	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33131	Country USA	Zip 33131	Country USA

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 4/27/2006	
6. FEI Number 20-4775942	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name OLGA L. SIERRA			
Street Address (P.O. Box Number is Not Acceptable) 48 E. FLAGLER ST.			
Suite, Apt. #, Etc. SUITE M44			
City MIAMI	State FL	Zip Code 33131	

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 4/29/10

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	OLGA L. SIERRA	48 E. FLAGLER ST. SUITE M44	MIAMI, FL. 33131
MGR	MARCO A. SIERRA	48 E. FLAGLER ST. SUITE M44	MIAMI, FL. 33131

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11. E-mail Address:

(To be used for future annual report notifications)

12. 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

4/29/10

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

OLGA SIERRA