2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000045441 TERRA SUR CAFE OF TAMPA, LLC 08 APR 23 AM 11: 47 SEGRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 5358 W VILLAGE DR 13822 PATHFINDER DR TAMPA, FL 33625 TAMPA, FL 33625 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092008 REIN-LLC CR2E101 (1/07) City & State City & State 4. FEI Number Applied For Not Applicable _ Zip___ _Country____ Country ___ .Zio \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HETZEL, TARA **634 GREEN VALLEY RD** Street Address (P.O. Box Number is Not Acceptable) PALM HARBOR, FL 34683 City Zip Code 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 નવિક SIGNATURE (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable FILE NOW!!! FEE IS \$277.50 Make check payable to In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. **MGRM** TITLE ☐ Delete TITLE ☐ Change ☐ Addition 300124380703 04/18/08--01046--011 **27 BARSALLO, ZARELLA Y NAME STREET ADDRESS 13822 PATHFINDER DR STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33625 CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 2007-2008 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby 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 trusted prepaywered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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