


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L06000096232</b> 1. Entity Name TAQUERIA LA CABAÑA LLC	
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FILED

2007 DEC -4 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 302 S OHIO AVE. LIVE OAK, FL 32064	Mailing Address PO BOX 121 LIVE OAK, FL 32064
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2. Principal Place of Business - No P.O. Box # 426 E Howard St. Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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10172007 REIN-LLC CR2E101 (1/07)

City & State Live Oak, FL	4. FEI Number <input type="checkbox"/> Applied For Not Applicable		
Zip 32064	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

**CUENCA, CARMEN**  
 6910 W UNIVERSITY AVE.  
 STE # 2  
 GAINESVILLE, FL 32607

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** 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.

SIGNATURE: *Carmen Cuenca* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2008, Fee will be \$200.00**

Make check payable to  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR <input type="checkbox"/> Delete
NAME	HERNANDEZ, CRISTINO
STREET ADDRESS	PO BOX 121
CITY-ST-ZIP	LIVE OAK, FL 32064
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hernandez, Cristino
STREET ADDRESS	426 E Howard St.
CITY-ST-ZIP	Live Oak, FL 32064
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Carmen Cuenca* Date: 10/17/07 Daytime Phone # \_\_\_\_\_

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