

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

DOCUMENT # L06000115388

1. Entity Name
SUPERHERO SANDWICHES LLC



2008 MAY -1 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7941 WEST DRIVE, SUITE 302
MIAMI, FL 33141

Mailing Address
7941 WEST DRIVE, SUITE 302
MIAMI, FL 33141 #302



2. Principal Place of Business - No P.O. Box #
7941 West Drive

3. Mailing Address
7941 West Drive

Suite, Apt. #, etc.
Apt 302

Suite, Apt. #, etc.
Apt 302

City & State
Miami FLA

City & State
Miami FLA

Zip Country
33141 USA

Zip Country
33141 USA

10172007 REIN-LLC CR2E101 (1/07)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, RONALD L ESQ.
BANCO POPULAR BANK BLDG. SUITE 405
1550 NE MIAMI GARDENS DRIVE
NORTH MIAMI BEACH, FL 33179

7. Name and Address of New Registered Agent

Name
KENNETH KUTNER
Street Address (P.O. Box Number is Not Acceptable)
7941 WEST DRIVE
#302
City
MIAMI FL Zip Code
33141

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/08

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

DIDNT RECIEVE
NOTICE

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pres - Managing Member
KENNETH KUTNER
7941 WEST DRIVE
MIAMI FLORIDA 33141

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000125355220
04/23/08--01026--022 **277.50

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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: *[Signature]*

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

4/10/08 305 962 8043

Date Daytime Phone #