


# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L07000005377</b> 1. Entity Name DIST. DE ALIMENTOS LATINOS, LLC	
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Principal Place of Business 1375 N.W. 97TH AVENUE, UNIT 10 DORAL, FL 33172	Mailing Address 1375 N.W. 97TH AVENUE, UNIT 10 DORAL, FL 33172
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country

FILED

2009 MAR 10 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03022009 REIN-LLC CR2E101 (1/07)

4. FEI Number <b>22-3952093</b>	Applied For
	Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

~~SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145~~

7. Name and Address of New Registered Agent

Name **Lidia BUSSIERE**

Street Address (P.O. Box Number is Not Acceptable)  
**1375 NW 97 Ave # 12**

City **Doral** FL Zip Code **33172**

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 *Lidia Bussiere* **Lidia BUSSIERE** DATE **03/03/09**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$277.50</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELISARIO, HUMBERTO	NAME	<b>300145067833</b>
STREET ADDRESS	1375 N.W. 97TH AVENUE, UNIT 10	STREET ADDRESS	03/05/09--01037--001 **138.75
CITY-ST-ZIP	DORAL, FL 33172	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSSIERE, LIDIA	NAME	<b>300145067833</b>
STREET ADDRESS	1375 N.W. 97TH AVENUE, UNIT 10	STREET ADDRESS	03/05/09--01037--002 **138.75
CITY-ST-ZIP	DORAL, FL 33172	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELISARIO, HUMBERTO	NAME	
STREET ADDRESS	1375 N.W. 97TH AVENUE, UNIT 10	STREET ADDRESS	
CITY-ST-ZIP	DORAL, FL 33172	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSSIERE, LIDIA	NAME	
STREET ADDRESS	1375 N.W. 97TH AVENUE, UNIT 10	STREET ADDRESS	
CITY-ST-ZIP	DORAL, FL 33172	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Lidia Bussiere* **LIDIA BUSSIERE** DATE **3/3/09** 3/432-3142

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

~~REINSTATEMENT~~ 08-09 AL