

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 JUN 14 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
800169675828
06/15/10--01001--013 **277.50

800169675828
02/18/10--01044--004 **238.75
CR2E041 (11/09)

DOCUMENT # L07000093189

1. Limited Liability Company's Name

EASA Coffee LLC.

2. Principal Office Address - No P.O. Box #

7030 N. Augusta Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

miami

City & State

Zip

33015

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2007

6. FEI Number

26-1184091

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Sonia Aguilera

Street Address (P.O. Box Number is Not Acceptable)

7030 N. Augusta Dr.

Suite, Apt. #, Etc.

City

miami

State

FL

Zip Code

33015

☐ 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

REGISTERED AGENT MUST SIGN

Date

2/16/10

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
MANAGER	Ernesto Aguilera	7030 N. Augusta Dr.	miami, FL 33015
MANAGER	Sonia Aguilera	7030 N. Augusta Dr.	miami, FL 33015

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

Date

2/16/10

Daytime Phone #

(786) 253-2804

Typed or printed name of signing Managing Member/Manager

Sonia Aguilera