

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 DEC 30 AM 11:18

DOCUMENT # L07000126251

1. Limited Liability Company's Name

Saldivar Grocery LLC

900164064089
12/30/09--01037--013 **277.50

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # <u>8600 49th St. North</u> Suite, Apt. #, etc. <u>Pinellas Park</u> City & State <u>Pinellas Park FL</u> Zip <u>33782</u> Country <u>USA</u>		3. Mailing Office Address <u>8600 49th St. North</u> Suite, Apt. #, etc. <u>Pinellas Park FL</u> City & State <u>Pinellas Park FL</u> Zip <u>33782</u> Country <u>USA</u>	
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4. State/Country of Formation <u>Florida USA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>12/20/2007</u>	
6. FEI Number <u>26-1630204</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name <u>Esther Melendez</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>16316 Dove Tail Way</u>			
Suite, Apt. #, Etc.			
City <u>Spring Hill</u>	State <u>FL</u>	Zip Code <u>34610</u>	

☒ 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 Esther f. Melendez Date 12/07/2009
REGISTERED AGENT MUST SIGN

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
MGR	Rafael Saldivar	8600 49th st North	Pinellas Park FL 33782
MGR	Catalina Saldivar	8600 49th st North	Pinellas Park FL 33782
REINSTATEMENT <u>2008, 2009</u>			T. Hampton DEC 31 2009

11. E-mail Address: july15@tampabay.rr.com

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 Rafael Saldivar Date 12/07/09 Daytime Phone # (727) 8573371
Typed or printed name of signing Managing Member/Manager Rafael Saldivar