
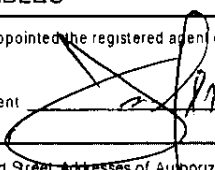
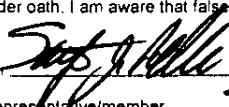


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT 2014-2015		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		15 APR 21 5:18:49	
DOCUMENT # L08000114825					
1. Limited Liability Company's Name KOKORIKO USA FRANCHISING LLC					
2. Principal Office Address - No P.O. Box # 10305 N.W. 41st. STREET		3. Mailing Office Address 10305 N.W. 41st. STREET		CR2E041 (1/14)	
Suite, Apt. #, etc. SUITE 219		Suite, Apt. #, etc. SUITE 219		4. State/Country of Formation FLORIDA	
City & State DORAL, FLORIDA		City & State DORAL, FLORIDA		5. Date Organized or Qualified To Do Business in Florida 12/16/2008	
Zip 33178	Country USA	Zip 33178	Country USA	6. FEI Number 800319825	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	
Name REGISTERED AGENT CORPORATE SERVICE, INC.					
Street Address (P.O. Box Number is Not Acceptable) Suite, 355 ALHAMBRA CIRCLE					
Apt. #, Etc. SUITE 801					
City CORAL GABLES		State FL	Zip Code 33134	100272041881 04/21/15--01032--016 **377.50	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.					
Signature of Registered Agent 				Date 4/15/2015	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager		City / State / Zip	
MGRM	KOKORIKO, S.A.	10305 NW 41st. STREET, SUITE 219		DORAL, FL 33178	
11. E-mail Address _____					
(To be used for future annual report notifications)					
12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.					
Signature of authorized representative/member 		Date 04/15/2015		Daytime Phone # 786-364-8400	
Typed or printed name of signing authorized representative/member		Santiago J. Pachilla, Esq., Attorney Representative			

K. ASHTON