PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENTOF STATE
Secretary of State
DIVISION OF CORPORATIONS

20 27 PM 3:58

DOCUMENT # L12000104612

1. Limited Liability Company's Name
LATIN KITCHEN, LLC.

600351225916
08/28/20--01001--016 **932.50

CR2EC41 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1150 NW 72 AVE	1150 NW 72 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33126 Country: MIAMI-DADE	Zip: 33126 Country: MIAMI-DADE

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 08/14/2012

6. FEI Number: 46-0785736 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: NICHOLAS F. VAZQUEZ

Street Address (P.O. Box Number is Not Acceptable) Suite: 1150 NW 72 AVE

Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33126

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: [signature] Date: 8/19/2020

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
MGR	NICHOLAS F. VAZQUEZ	1150 NW 72 AVE	MIAMI, FL 33126

REINSTATEMENT
2018-2020

C. GOLDEN
AUG 28 2020

11. E-mail Address: latinkitchengroup@gmail.com
(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 any 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: [signature] Date: 8/19/2020 Daytime Phone #: 954-599-3227

Typed or printed name of signing authorized representative/member: NICHOLAS F. VAZQUEZ