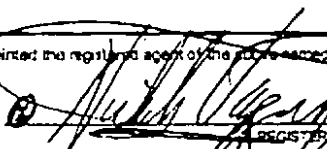
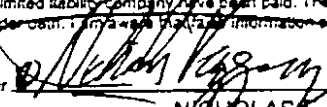


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2020 27 PII 3:58

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		2020 27 PII 3:58	
DOCUMENT # L12000104612 1. Limited Liability Company's Name LATIN KITCHEN, LLC					
2. Principal Office Address - No P.O. Box # 1150 NW 72 AVE		3. Mailing Office Address 1150 NW 72 AVE		600351225916 08/28/20--01001--016 **832.50	
Suite, Apt. #, etc. 		Suite Apt. # etc. 		CR2ED41 (1/14)	
City & State MIAMI, FL		City & State MIAMI, FL		4. State/Country of Formation FLORIDA	
Zip 33126		Country MIAMI-DADE		5. Date Organized or Qualified To Do Business in Florida 08/14/2012	
3. 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		Country MIAMI-DADE		6. FBI Number 46-0785736	
7. CERTIFICATE OF STATUS DESired ☐		Applied For ☐ Not Applicable ☐			
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 8/19/2020 REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles	Name of Authorized Representative/Manager	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: @latinkitchen group @ 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 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 8/19/2020 Daytime Phone # 954-599-3227					
Typed or printed name of signing authorized representative/member NICHOLAS F. VAZQUEZ					