PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 JUN 24 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L13000006908

1. Limited Liability Company's Name

Cafe Tolima Don Diego, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6751 Cypress Rd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Apt. 204	
City & State	City & State
Plantation, FL	
Zip / Country	Zip / Country
33317 USA	

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 01/14/2013

6. FEI Number: 46-1780277 ☐ 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: Diego Guarnizo

Street Address (P.O. Box Number is Not Acceptable) Suite,: 6751 Cypress Rd.

Apt. #, Etc: Apt. 204

City: Plantation | State: FL | Zip Code: 33317

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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: Diego Guarnizo. Date: 6/18/15

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	Diego Guarnizo	6751 Cypress Rd. Apt 204	Plantation FL 33317
MGRM	Monica Andrea Quintero Rendon	6751 Cypress Rd. Apt 204	Plantation, FL 33317
			JUN 26 2014
	REINSTATEMENT 2014-2015		L. SELLERS

11. E-mail Address: tolimadondiego@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: Diego Guarnizo Date: 6/18/15 Daytime Phone #: 954-668-6529

Typed or printed name of signing authorized representative/member: Diego Guarnizo