• PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2026 AUG 20 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FL

400480555334
08/20/26--01005--001 **243.75

DOCUMENT # L14000097132

1. Limited Liability Company's Name

El Meson of FL, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6622 EAGLE WATCH DR. LEE VISTA	PO Box 3067
Suite, Apt #, etc.	Suite, Apt # etc
Orlando FL	Mayaguez, PR
Zip: 32822 / Country: USA	Zip: 00681 / Country: USA

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: 06/17/2014

6. FEI Number: L14000097132 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ **$5.00 Additional Fee required for a certificate of status**

REINSTATEMENT
2026

8. **Name and Address of Current Registered Agent**

Name: Felipe Perez Grajales

Street Address (P.O. Box Number is Not Acceptable) Suite:
140 E Morse BLVD APT H

Apt #, Etc

City: Winter Park | State: FL | Zip Code: 32789

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: Felipe Perez Date: 8/14/2026

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
President	Perez, Felipe Sr.	PO Box 3067 Mayaguez PR 00681	Mayaguez PR 00681
VP	Perez, Gil Sr.	PO Box 3067 Mayaguez PR 00681	Mayaguez PR 00681
VP	Perez, Felipe Hamilcar	PO Box 3067 Mayaguez PR 00681	Mayaguez PR 00681
			M. Williams 21 AUG 2026

11. E-mail Address: m_santiago@elmesonsandwiches.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: Marlene Santiago Date: 8/14/2026 Daytime Phone #: 1-787-833-1239

Typed or printed name of signing authorized representative/member: Marlene Santiago