PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

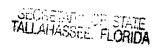


FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

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DC	CUMENT	#	L15000074887

Limited Liability Company's Name

SAO MIG	GUEL DONUTS, LLC						
2 Principal Office Address - No P.O. Box# 15735 Starling Water Drive Suite, Apt. # etc		3. Mailing Office Address 15735 Starling Water Drive Suite, Apt #, etc		CR2E041 (1/14) 4 State/Country of Formation			
				Florida 5 Date Organized or Qualified To Do Business in Florida 04/28/2015			
City & State		City & State					
Lithia, FL		Lithia, FL		6. FEI Number Applied For 47-3866494 Not Applicable			
Zıp	Country	Ζιρ	Co	untry	7		
33547	USA	33547	U	SA	CERTIFICATE OF STA	TUSDESIRED for a certi	itional Fee required ficate of status
	8 Name and Addr	ess of Current Registered Ag	ent ent				
Name Ralph De	Lima				_		
Street Addres	ss (PO Box Number is Not Acceptable) : arling Water Drive	Suite			-		
Apt # Eti				**************************************	966501070050		
City Lithia			State Zip Code		800291876658 11/01/1601028019 **238,75		
Signature o Registered		REGISTERED AGENT MUST SO		7-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-		Date 10/28/2016	
Titles	Name of Authorized Representati Managers	Street Address of Ear ves/ Authorized Represent Manager					/ Zip
MGR Ralph DeLir		a 1	15735	Starling Wate	r Drive	Lithia, FL 33547	
11. E- mail A	Address ralphdelima@gmail	.com					
12. I certify certify that v 605 0012, F shall have t felony as pi	that I am an authorized representative when filing this reinstatement applicates S., and that all fees owed by the limithe same legal effect as if made underovided for in s. 817.155, F.S.	(To be used e/ manager or the receiver or t tion the reason for dissolution r ited liability company have bee r oath am aware that false for	rustee e las beer n paid formatio	n eliminated, the limit The information indic on submitted in a doci	e this application as p led liability company no lated on this application lument to the Department	ame satisfies the requirement in is true and accurate, and it	nt of section my signature