

FILED

97 DEC 31 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE Sandra B. Moxham Secretary of State DIVISION OF CORPORATIONS
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Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L96000001259**

ESCUDO HABANERO, L.C.
c/o Michael Schiffrin & Associates
Suite 1400 - SunTrust Int'l Centre
One Southeast Third Avenue
Miami, Florida 33131

1a. Principal Place of Business Address

2101D Southwest 8th Street
Miami, Florida 33135

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business N/A		2a. Mailing Address N/A		3. Date Organized or Qualified November 25, 1996	3a. State of Formation Florida
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A		4. FEI Number 65-0712865	
City & State N/A		City & State N/A		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip N/A	Country N/A	Zip N/A	Country N/A	5. Date of Last Report None	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

Michael Schiffrin, Esq.
Michael Schiffrin & Associates, P.A.
Suite 1400 - SunTrust Int'l Centre
One Southeast Third Avenue
Miami, Florida 33131

8. Name and Address of New Registered Agent

Name
N/A
Street Address (P.O. Box Number is Not Acceptable)
N/A
Suite, Apt. #, etc.
N/A
City
N/A **FL** Zip Code
N/A

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

N/A

Date

11/13/97

REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
	Jose Jimenez	Sagredo 168, Colonia San Jose, Insurgente	Mexico City, Mexico 03900

600002401686--1
-01/15/98--01069--001
****703.75 ****703.75

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of
Managing Member/Manager

Date

11/13/97

Daytime Phone #

(305) 541-0050

Typed or printed name of signing Managing Member/Manager

LAW OFFICES OF
MICHAEL SCHIFFRIN & ASSOCIATES, P.A.
SUITE 1400 • SUNBANK INTERNATIONAL CENTER
ONE SOUTHEAST THIRD AVENUE
MIAMI, FLORIDA 33131

TELEPHONE: (305) 539-0000
TELECOPIER: (305) 371-6934
(305) 372-3670

January 6, 1998

ASSOCIATED OFFICE:
B'KELNEK Y ASOCIADOS, S.C.
RIO DANUBIO NO. 89 • 5º PISO
COLONIA CUAUHTEMOC, C.P. 06500
MEXICO, D.F. (MEXICO CITY)
TELEPHONE: (5) 511-11-65
TELECOPIER (5) 533-50-74

Ms. Diane Cushing,
Corporate Specialist
Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: **Escudo Habanero, L.C.**
Ref. No. L96000001259

Dear Ms. Cushing:

I am in receipt of your December 11, 1997 letter and enclosures. Please note that I have signed as Registered Agent for the company in Box 9 as required and am therefore returning the Reinstatement and our check for processing.

Of course, if you should have any questions or need anything further, please advise immediately.

Very truly yours,

MICHAEL SCHIFFRIN & ASSOCIATES, P.A.


MICHAEL SCHIFFRIN, ESQ.

MS/lne
Encl.