## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		444	أنتنسنتيونه		
LIMITED LIABILITY COMPANY REINSTATEMENT	COMPANY Secretary of State			SECRETARY OF STATE DIVISION OF CORPORATIONS	
DOCUMENT # L 9700000787  1. Limited Liability Company's Name				13 JUL -5 AM 8: 31	
THE WHOLE ENCHILADA, L.C.				OP25044 (4/44)	
2. Principal Office Address - No P.O. Box #	3. Mailing Office Addres			- CR2E041 (1/11)	
127 15 AVE. N.		<del>f</del> ue_	N	State/Country of Formation	
Suite, Apt. #, etc.				DUVAL	!
	ļ			5. Date Organized or Qualified To Do Business in Florida	
City & State TACKSONVILLE BEACH	City & State  TACKSON	· Gu I	a Drail	6. FEI Number Applied Fo	,
Zip Country	Zip	Count		- 1 1 100 3 7 THURSPORE	
32250 USA	32250	1	SA ک	7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee req	
8. Name and Address of Current Registered Agent					
Name WILLIAM K.	DOVIS			E-mail Address: フロロラ4 ロマンカロフラ	١
Street Address (P.O. Box Number is Not Acceptable)	)			700249222577 06/25/1301024015 **516.25	
JIZI CORPORATE SQUARE BLUD				CAMPECHEBAY @ COMCAST, N	CT
SUITE 124				CAMPECIAZ DILI	<b>Z</b>
JACKSONVILLE / FL 32216				(To be used for future annual report notice	- es)
9. I, being appointed the registered agent of the abo	ye named limited liability or	ompany, a	ım familiar with and a	accept the obligations of Chapter 608, F.S.	
Signature of Registered Agent				Date 6/11/13	_
// <del>Y</del> RI	EGISVERED AGENT MUST	r sign			
10. Names and Street Addresses of Managing Men Name of	ıbers/Managers	Stre			
Managing Members/ Managers Managing Member/ Mana			ging Member/ Manag	ger City / State / Zip	
MGRM CAMPECHANGA, FAC 127,15 Ave. N.				<i>s</i>	
MGRH O'MALLEY AND McGEE'S, INC. 716 SO DUTT				Ames, IA. 5000	<u> </u>
					******
				JUL 8 2013	
REINSTATEMENT	1011 - 2013	<u> </u>		JUL 8 2013 T. HAMPTON	_
REINSTATEMENT	1011 - 3013	<u> </u>			
		) )	avacute this Applica	T. HAMPTON	ling
I certify that I am managing member/manager or this reinstatement application the reason for dissortees owed by the limited liability company have be	the receiver or trustee empolution has been eliminated, een paid. The information in	d, the limite indicated o	ed liability company r on this application is t		ıll

Signature of Managing Member/Manager \_\_\_\_