

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 SEP 15 AM 8:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 69900000659

1. Limited Liability Company's Name

8th Street Mucho Sales, L.L.C.

2. Principal Office Address

23123 S. State Rd #7

Suite, Apt. #, etc.

301

City & State

Boca Raton, FL

Zip

33428

Country

USA

3. Mailing Office Address

4702 A SW 7A Ave.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33155

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

10-13-99

6. FEI Number

431865539

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

Schaller, Vern

Street Address (P.O. Box Number is Not Acceptable)

23123 S. State Road #7

Suite, Apt. #, Etc.

301

City

Boca Raton

300041100673

09/15/04--01044--001 **200.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/14/04

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	Fortune Fast Foods, Inc	4702A SW 7A Ave.	Miami, FL 33155
MEM	Dade County Fast Food, LLC	23123 S. State Rd #7, 301	Boca Raton, FL 33428

REINSTATEMENT

2003-2004

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

[Signature]

Date 09-13-04

Daytime Phone # (305) 667-5813

Typed or printed name of signing Managing Member/Manager

Alvaro Cabrera

CR2ED01 (10/02)