

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Jim Smith

REINSTATEMENT

Division of Corporations

FILED

02 DEC 26 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000008056

Name and Mailing Address

0003636 01 FP 0.352 **PRSRT T1 0 0615 33328-450895

PARRILLA'S OF DAVIE, L.C.
5195 S. UNIVERSITY DR.
DAVIE FL 33328-4508



2. New Mailing Address

City, State, Zip

Principal Place of Business

5195 S. UNIVERSITY DR.
DAVIE FL 33328

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

11/22/1999

6. FEI Number

65-0964173

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

OCHOA, CARLOS
5195 S. UNIVERSITY DR.
DAVIE FL 33328

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

Date

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	TORICES CORP.	1052 CREEKFORD DRIVE	WESTON FL 33326
MGR	DAY BREAK CORPORATION	963 N. KNOB HILL RD.	PLANTATION FL 33324

000009329130
12/03/02--01083--004 **150.00

REINSTATEMENT

12. 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

NOV. 25/02

Daytime Phone #

(854) 434-2202