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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name
TRES PISTOLEROS LLC w/ Document # M13000003388

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
605 Third Avenue		605 Third Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
12th Floor		12th Floor	
City & State		City & State	
New York, NY		New York, NY	
Zip	Country	Zip	Country
10158	U.S.A.	10158	U.S.A.

4. State/Country of Formation
DE

5. Date Organized or Qualified To Do Business in Florida
05/29/2013

6. FEI Number
900862970
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Dale Bray Date 2-23-2015

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	EL Rey Holdings LLC	605 Third Avenue, 12th Floor	New York, NY 10158

11. E-mail Address:
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0112, 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; I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager [signature] Date 1/15/2015 Daytime Phone # 310-242-7133

Typed or printed name of signing Authorized Representative/ Manager Stephen A. Carroll

2 of 2 pages

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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TALLAHASSEE, FLORIDA

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LIMITED LIABILITY REINSTATEMENT
TRES PISTOLEROS LLC

Certificate of Status	0
Certified Copy	0
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