

# LO1000006164

PLEASE READ AND FOLLOW INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2003 MAR 20 AM 11:27

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

FLORIDA FRANCHISE DEVELOPMENT, LLC  
LO1000006164

2. Principal Office Address

1750 NW 66<sup>th</sup> AVENUE

Suite, Apt. #, etc.

212

City & State

Miami, FL

Zip

33126

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified To Do Business in Florida

04/20/2001

6. FEI Number

65-1095936

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

ADOLFO MORENO

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

1750 NW 66 Avenue

Suite, Apt. #, Etc.

212

City

Miami

State  
FL

Zip Code  
33126

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

REGISTERED AGENT MUST SIGN

Date

03/03/03

**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
MGRM	ADOLFO MORENO	18634 SW 47 CT	MIRAMAR, FL 33029

~~100013515421~~  
03/04/03--01065--002 \*\*150.00

100013515421  
03/20/03--01014--004 \*\*50.00

**REINSTATEMENT** 2002-03

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

03/03/03

Daytime Phone #

7862850908

Typed or printed name of signing Managing Member/Manager

ADOLFO MORENO

CR2E041 (10/02)