

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L00000003336**

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC 19 PM 4:14

DOCUMENT # **L-3336**

1. Limited Liability Company's Name

CAROGAR, LLC

**9/28/01**

2. Principal Office Address  
12393-2 PEMBROKE RD

Suite, Apt. #, etc.

City & State  
PEMBROKE PINES, FL

Zip  
33025

Country  
USA

3. Mailing Office Address  
c/o IRA L ZUCKERMAN  
2200 N COMMERCE PKWY

Suite, Apt. #, etc.  
STE 206

City & State  
WESTON, FL

Zip  
33326

Country  
USA

4. State/Country of Formation  
FL

5. Date Organized or Qualified To Do Business in Florida  
3/23/00

6. FEI Number  
65-1010603

Applied For  
Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$500 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
IRA L ZUCKERMAN

Street Address (P.O. Box Number is Not Acceptable)  
2200 N COMMERCE PKWY

Suite, Apt. #, Etc.  
STE 206

City  
WESTON

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\*\*\*\*150.00 \*\*\*\*150.00

State  
FL

Zip Code  
33326

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 **12/17/01**

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
MM	FABIAN T GARCIA	8A CAMDEN PARK	SINGAPORE 299799
			<b>Rein \$100.</b>
			<b>UBR 50.</b>
			<b>150.</b>
			<b>REINSTATEMENT 2001</b>
			<b>RP</b>

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 **12/17/01** Daytime Phone # **(954)349-1969**

Typed or printed name of signing Managing Member/Manager **FABIAN T GARCIA**

CR2E041 (9/01)