

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 APR 17 P 3 50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000023901

1. Limited Liability Company's Name

C&F Enterprises LLC

900128785279  
05/07/08--01046--007 \*\*138.75

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 12281 Palm Drive		3. Mailing Office Address 12281 Palm Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Largo FI		City & State Largo FI	
Zip 33774	Country USA	Zip 33774	Country USA

4. State/Country of Formation A USA	
5. Date Organized or Qualified To Do Business in Florida 3/9/05	
6. FEI Number 202460168	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name  
Christopher Kean

Street Address (P.O. Box Number is Not Acceptable)  
12281 Palm Drive

Suite, Apt. #, Etc.

City  
Largo

State  
FL

Zip Code  
33774

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 Date 11/28/07

REGISTERED AGENT MUST SIGN

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
MGMR	Faith Ferrar	12281 Palm Drive	Largo FI 33774
MGMR	Christopher Kean	12281 Palm Drive	Largo FI 33774

*df* REINSTATEMENT 06-08

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 11/28/2007 Daytime Phone # 7275889707

Typed or printed name of signing Managing Member/Manager Faith Ferrar