

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 FEB 24 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **MO5000005328**

Limited Liability Company's Name

400257101594
02/24/14--01046--007 **238.75

CR2E011 (1/14)

Cabot North Orange 13 LLC

2. Principal Office Address - No P.O. Box #2F
50 Park Terrace West

3. Mailing Office Address #2F
50 Park Terrace West

4. State/Country of Formation
Delaware

5. Date Organized or Qualified
To Do Business in Florida **09-26-05**

6. FEI Number Applied For
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required
for Certificate of Status

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

New York NY

New York NY

Zip

Country

Zip

Country

10034

USA

10034

USA

8. Name and Address of Current Registered Agent

Name

NRA I Services Inc.

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

400257101594
03/24/14--01002--001 **138.75

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

REGISTERED AGENT MUST SIGN

Date **2/20/14**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles

Name of
Authorized Representative/
Manager

Street Address of Each
Authorized Representative/
Manager

City / State / Zip

PRE JULIO PEREYRA

**50 PARK TERRACE W.
APT 2F**

**NEW YORK CITY
NEW YORK 10034**

REINSTATEMENT

11. E-mail Address

J.PEREYRA47@G.MAIL

(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 605.0012, 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. 317.155, F.S.

Signature of
Authorized Representative/Manager

Date **2/21/14**

Daytime Phone # **212.567.0384**

Typed or printed name of signing Authorized Representative/Manager

JULIO PEREYRA

FEB 2, 2014

M. WILLIAMS