

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 SEP -1 AM 9:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 103000001122

1. Limited Liability Company's Name
CABO INVESTMENTS, LLC

2. Principal Office Address - No P.O. Box #

10051 PINES BLVD.

Suite, Apt. #, etc.

SUITE A

City & State

PEMBROKE PINES

Zip

13024

Country

USA

3. Mailing Office Address

10051 PINES BLVD.

Suite, Apt. #, etc.

SUITE A

City & State

PEMBROKE PINES

Zip

33024

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

1/10/2003

6. FEI Number

37-1473972

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

CLARA DEL RISCO

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

10051 PINES BLVD.

Apt. #, Etc.

SUITE A

City

PEMBROKE PINES

State

FL

Zip Code

33024

000276685770

09/14/15--01010--012 **138.75

000276685770

09/01/15--01023--019 **718.75

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

8/31/15

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
M	CLARA DEL RISCO	10051 PINES BLVD SUITE A	PEMBROKE PINES FL 33024

**REINSTATEMENT
2006-2015**

900180984279

05/17/10--01005--024 **655.00

SEP 14 2015

G MASON

11. E-mail Address: **CLARA@DELRISCOLAW.COM**

(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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

8/31/15

Daytime Phone #

254-433-3440

Typed or printed name of signing authorized representative/member