

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV 28 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L0000000 3957

1. Limited Liability Company's Name

CSF Investments, LLC

2. Principal Office Address

917 Cypress Lake Circle

Suite, Apt. #, etc.

City & State

Ft. Myers, Florida

Zip

33919

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation
Florida

**5. Date Organized or Qualified
To Do Business in Florida**

3-30-00

6. FEI Number

65-1006364

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Christopher G. Freeland

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

917 Cypress Lake Circle

Suite, Apt. #, Etc.

City

Ft. Myers

State

FL

Zip Code

33919

400004717654-6

12/10/01-01119-015

****150.00 ****150.00

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 11/14/01

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
MGRM	Christopher G. Freeland	917 Cypress Lake Circle	Ft. Myers, FL 33919

REINSTATEMENT

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 11/14/01

Daytime Phone # 941-629-1171

Typed or printed name of signing Managing Member/Manager Christopher G. Freeland