PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

RE	IVISIONOF	ODERODA IS		1 d m (m)		
1 00000011000				04 MAR 19 AM 8: 32		
DOCUMENT # L COUCH FACE 1. Limited Liability Company's Name			SECRETARY UF STATE TALLAHASSEE, FLORIDA			
CBIII, L.L.C.			TALLAHASSEE, FLORIDA			
Contract Contract of the Contr						
2. Principal Office Address 206 Long Lake DR	26/1		900030803729 4. shidadhiyaraman 40027 ***50.00			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		FLORIDA, USA			
			5. Date Organized or Qualified To Do Business in Florida Opril (2, 2000)			
OESTIN FL			6. FEI Number Applied For			
32550 Country	Zip	Country	7.	OF STATUS DESIRED S5.00 Addition	Not Applicable nal Fee required cate of Status	
8. Name and Address of Current Registered Agent						
Name R. Scot	t White	ChEAD, ES	⊋ .			
Street Address (P.O. Box Number is Not Acceptable) 4507 FURLING LONE 12/24/03 0/073 00					3 ∞4 * 150.0	
Sulta, Apt. #, Etc. SULLE, 209						
CHY DESTIN		· · · · ·		State Zip Code FL 32541		
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 Date						
Signature of Registered Agent 3 16 04 Date 2						
REGISTERED AGENT MUST SIGN / ' 10. Names and Street Addresses of Managing Members/Managers						
Titles Managing Members/Manage	Strest Address of Each		h ager	City / State / Zip		
MGR John Michael Fort	enterry Jr. 206 Long l		ake De	e Destin, FL 32550		
MGRM MARISA Forten	JRM MARTISA Fortenberry 206 Long		ake De	Destin, FL 32	2550	
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MEINSTATE DE 2004					Will w	
			- 4 6	MEN !		
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 disactition 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 aigneture shall have the same legal effect						
as if made under oath. Signature of Managing Member/Manager About Skow Date 3/1404 Daytime Phone # (850) 259-1/20						
Typed or printed name of signing Managing Member/Manager John Michael Fortenberry, Je.						