

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L00000004234					
1. Entity Name C & R VENTURE, LLC					
Principal Place of Business 4545 PLEASANT HILL ROAD KISSIMME, FL 34759			Mailing Address 4545 PLEASANT HILL ROAD KISSIMME, FL 34759		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 39516 Town Center Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 538			
City & State		City & State Orlando, Florida			
Zip	Country	Zip 32837	Country U.S.	4. FEI Number 59-3664996	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TORRES, ROSEMARY 3970 HUNTER'S ISLE DRIVE ORLANDO, FL 32837			7. Name and Address of New Registered Agent Name: Medina, Rosemary f/k/a Torres, Rosemary Street Address (P.O. Box Number is Not Acceptable): 3970 Hunter's Isle Drive City: Orlando FL Zip Code: 32837		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>Rosemary Medina</u> ROSEMARY MEDINA 10/22/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TORRES, ROSEMARY 3970 HUNTER'S ISLE DRIVE ORLANDO, FL 32837		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Medina, Rosemary f/k/a Torres, Rosemary 3970 Hunter's Isle Drive Orlando, FL 32837	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<h2 style="margin: 0;">REINSTATEMENT</h2>					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Rosemary Medina</u> ROSEMARY MEDINA 10/22/07 (407) 748-0140 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

FILED

OCT 30 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10162007 REIN-LLC CR2E101 (1/07)

Applied For
Not Applicable

10162007 REIN-LLC CR2E101 (1/07)

Name: Medina, Rosemary f/k/a Torres, Rosemary
Street Address (P.O. Box Number is Not Acceptable):
3970 Hunter's Isle Drive
City: Orlando FL Zip Code: 32837

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Make check payable to
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9. MANAGING MEMBERS/MANAGERS

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ORLANDO, FL 32837

☐ Delete

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SIGNATURE: Rosemary Medina ROSEMARY MEDINA 10/22/07 (407) 748-0140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #