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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED 09 JUN 16 PM 4:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L00000012234

1. Corporation Name

CAYENNE, LLC

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

2203 Climbing Ivy Drive

3. Mailing Office Address

2203 Climbing Ivy Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33618

Country

USA

Zip

33618

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

10/06/2000

5. FEI Number 593679076

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

600156718986 06/18/09--01001--011 **375.00 CR2E081 (12/08)

7. Name and Address of Current Registered Agent

Name Richard Fulmer

Street Address (P.O. Box Number is Not Acceptable) 2203 Climbing Ivy Drive

Suite, Apt. #, Etc.

City Tampa

State FL Zip Code 33618

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

[Handwritten Signature]

Date 5/1/2009

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for Richard Fulmer and Kelley Hardesty-Fulmer.

600156718986 06/03/09--01006--007 **750.00

REINSTATEMENT 2002-09

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

[Handwritten Signature]

Richard Fulmer

5/1/2009

813-748-9059

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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FILED
09 JUN 16 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 3, 2009

CAYENNE, LLC
2203 CLIMBING IVY DRIVE
TAMPA, FL 33618

SUBJECT: CAYENNE LLC
Ref. Number: L00000012234

We have received your document for CAYENNE LLC and your check(s) totaling \$750.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

- The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2002 through 2009; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$1110.00.

We would need a check for \$350.00 more for reinstatement fees, plus \$25.00 for the amendment

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 209A00018632