

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 27 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000012843

1. Limited Liability Company's Name

CFS GULFPORT, LLC

500010062415
01/13/03--01099--004 **205.00

6240 Vista Verde Dr. W. 6240 Vista Verde Dr. W.

2. Principal Office Address

2152 14th Circle North

3. Mailing Office Address

2152 14th Circle North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gulfport
St. Petersburg, FL

City & State

Gulfport
St. Petersburg, FL

Zip 33707
33734

Country
USA

Zip 33707
33734

Country
USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10/20/2000

6. FEI Number

APPLIED

☒ 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

Fleeting, Robert

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

13040 Gandy Boulevard

Suite, Apt. #, Etc.

City

St. Petersburg

State
FL

Zip Code
33702

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

Robert Fleeting

Date

REGISTERED AGENT MUST SIGN

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
MEM	Chadwick, Harry R.	5830 Bahia Way South	St. Petersburg Beach, FL 33706
MEM	Fleeting, Robert	7140 Pebble Beach Lane	Seminole, FL 33777
MEM	Scherer, Clark H. III	2152 14th Circle North	St. Petersburg, FL 33734

REINSTATEMENT
REINSTATEMENT

2002-
1003
JB

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

Robert Fleeting

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager