

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 21 AM 10:19

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000015103

1. Limited Liability Company's Name

CAG PROPERTIES, LLC

REINSTATEMENT 03-05

2. Principal Office Address

4645 NW 8TH AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

4645 NW 8TH AVENUE

Suite, Apt. #, etc.

City & State

GAINESVILLE

City & State

GAINESVILLE

Zip

32605

Country

USA

Zip

32605

Country

USA

4. State/Country of Formation

FLORIDA, UNITED STATES OF AMERICA

5. Date Organized or Qualified
To Do Business in Florida

12/07/00

6. FEI Number

59-3698951

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

SILVERSTEIN, BURTON V.

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

4645 NW 8TH AVENUE

Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32605

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

400047424964

03/01/05--01004--017 **250.00

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	SILVERSTEIN, BURTON V.	4645 NW 8TH AVENUE	GAINESVILLE, FL 32605
MGRM	DILLON, MICHAEL C.	4645 NW 8TH AVENUE	GAINESVILLE, FL 32605
P	ROARK, STEVEN F.	4645 NW 8TH AVENUE	GAINESVILLE, FL 32605
V	O'MEARA, JAMES J.	4645 NW 8TH AVENUE	GAINESVILLE, FL 32605
MGRM	GROS, BERNARD J.	4645 NW 8TH AVENUE	GAINESVILLE, FL 32605
MGRM	SMOCK, ANDREW L.	4645 NW 8TH AVENUE	GAINESVILLE, FL 32605

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 1/29/2005

Daytime Phone # (352) 377-1212

Typed or printed name of signing Managing Member/Manager

Burton V. Silverstein