

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 21 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L01000012863**

1. Limited Liability Company's Name

CHED Enterprises, LLC

300029071343

02/19/04--01015--006 **200.00

2. Principal Office Address

2840 W. LAKE VISTA CIR

Suite, Apt. #, etc.

3. Mailing Office Address

2840 W. LAKE VISTA CIR

Suite, Apt. #, etc.

City & State

DAVIE, FL

Zip Country

33328 US

City & State

DAVIE, FL

Zip Country

33328 US

4. State/Country of Formation

FL, US

5. Date Organized or Qualified
To Do Business in Florida

08/02/2001

6. FEI Number

65-1151434

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

SCOTT M. KETCHUM ESQUIRE

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

692 GOODE RD N.

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34102

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

Date

2/13/04

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
MGR	DUSTIN D Ketchum	2840 W. LAKE VISTA CIR	DAVIE, FL 33328

REINSTATEMENT 2003, 2004

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

Dustin D. Ketchum

Date

2/13/2004

Daytime Phone #

954-577-0495

Typed or printed name of signing Managing Member/Manager

Dustin D. Ketchum

CR2E041 (10/02)