PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 2002 U.B



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

1. DOCUMENT # L01000013319

Name and Mailing Address

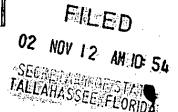
Managing Member/Manager

Typed or printed name of signing Managing

0011417 01 SP 0,370 **SNGLP

0615 32964

C B B ENTERPRISES 1, L.L.C. PO BOX 3782 VERO BEACH FL 32964





2. New N	Mailing Address	The state of the s		4. State/Cou	ntry of Formation	A CONTRACTOR OF THE PROPERTY O	
				FL			
City, State, Zip				-5. Date Organized or Qualified			
			. :	To Do Bus	iness in Florida	08/09/2001	
	Place of Business	3. New Principal Place of Busine	30x 3782		6. FEI Number Applied For		
₽Α 17 =	RK SHORES CIRCLE, #219-F RO BEACH FL 32963	PO BOX 3782			65-0674890 Not Applicable		
City, State		City, State, Zip			7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required		
		VERO BEACH, FO	32964	CERTIFICATE	OF STATUS DESIRED	or a Certificate of Status	
	8. Name and Address of Current	Registered Agent	9. Name and Address of New Registered Agent				
ME	STEMAKER, CRYSTAL B		Name				
PA	RK SHORES CIRCLE, #219-F		Street Address (P.O. Box Number is Not Acceptable)				
₩	RO BEACH FL-32963		2025 35 AUENUE				
			Cha				
	The second secon		L'OGRO		CH FL	Zip Code	
10. I, bei	ng appointed the registered agent of the ab	ove named limited liability company,	am familiar with and	accept the oblid	rations of Chapter 609 E.C.	125 100	
Signature c	of /	2. M molana	_ /		gations of Chapter 606, F.S.	ļ	
Registered		GISTERED AGENT MUST SIGN	ye_		Date		
1. Name	s and Street Addresses of Each Managing	TELEVISION OF GIVE	Name to the second of the second	25-25-1-1-15			
Title(s) Name of Managing Street Address of Each							
Tide(S)	Manhan /Man		et Address of Each ing Member/Manage			e / Zip	
MGRM	MESTEMAKER, CRYSTAL B	-PARK SHORES (PARK SHORES CIRCLE, #219 F		-VER9-BEACH 51 32983		
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2. I certify	that I am managing member/manager or to s reinstatement application the reason for di	ne receiver or trustee empowered to	execute this applic	ation as provide	d for in chanter 609. E.C. 14.	thou positive the second	
all fees	s reinstatement application the reason for di owed by the limited liesility company have b de under oath.	ssolution has been eliminated, the lin	nited liability compan	ny name satisfies	the requirements of section 6	08.406, F.S., and that	
as II ma	tae under oath.	1	approution is	and accurat	e, and my signature shall have	e the same legal effect 📗	

TO: PURILO LODO 00013319

RE: CBB ENTER PRIZES LOI 0000 13319

FEI: 65-0674890

This letter is to notify

STATE OF REORIDA, That I did not

Receive my leniform Business Report

Form for 2002.

ENCLOSED IS The check for \$500 Made payable to the Department of State.

I am requesting the wavier of the \$ 1000 rein state ment fee.

Please Contact me at = 712-633-6300 if you have any questions.

M

Kindest Regards, Crystal B. Mostemake Registered agent of CBB ENTERPRIZES 1, LLC.