

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000013319

Name and Mailing Address

0011417 01 SP 0.370 **SNGLP

0615 32964

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

FILED

02 NOV 12 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address

City, State, Zip

Principal Place of Business

PARK SHORES CIRCLE, #219-F
VERO BEACH FL 32963

3. New Principal Place of Business Address

PO Box 3782

City, State, Zip

VERO BEACH, FL 32964

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

08/09/2001

6. FEI Number

65-0674890

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

MESTEMAKER, CRYSTAL B
PARK SHORES CIRCLE, #219-F
VERO BEACH FL 32963

9. Name and Address of New Registered Agent

Name

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

2025 35th AVENUE E

City

VERO BEACH

FL

Zip Code

32960

10. 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

Crystal B. Mestemaker

Date

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MESTEMAKER, CRYSTAL B	PARK SHORES CIRCLE, #219-F	VERO BEACH FL 32963

2002
VBR

000009083010
11/19/02--01055--004 **50.00

[Handwritten signature]

12. 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

Crystal B. Mestemaker

Date

Daytime Phone #

772-633-6300

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)

LO1000013319

TO: FLORIDA DEPT. OF STATE

RE: CBB ENTERPRISES 1
LO1000013319

FBI: 65-0674890

FILED
NOV 12 AM 10:51
TALLAHASSEE, FLORIDA

This letter is to notify
STATE OF FLORIDA, That I did not
RECEIVE my Uniform Business Report
Form for 2002.

ENCLOSED IS THE check for \$50⁰⁰
made payable to the Department of State.

I am requesting the waiver of
the \$100⁰⁰ reinstatement fee.

Please contact me at #772-633-6300
if you have any questions.

By

Kindest Regards,
Crystal B. Mastemake
Registered Agent of
CBB ENTERPRISES 1, LLC.