

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 22 AM 7:42

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJM

4/22

DOCUMENT #

1. Limited Liability Company's Name

L-01000015204

Central Atlantic Management LLC

2. Principal Office Address

7118 Osprey

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Hobe Sound, FL

City & State

Zip

33455

Country

U.S.A.

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

9/1/01

6. FEI Number

65 1133867

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

Kathy Kaghan

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

7118 Osprey

Suite, Apt. #, Etc.

City

Hobe Sound

State  
FL

Zip Code

33455

500031865045

04/06/04--01024--029 \*\*20.00

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 2/27/04

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	Kathy Kaghan	7118 Osprey	Hobe Sound, FL 33455

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

*[Signature]*

Date

2/27/04

Daytime Phone #

772) 546-3350

Typed or printed name of signing Managing Member/Manager