

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 15 AM 9:54

DOCUMENT # L01000016109

1. Limited Liability Company's Name

CEGA, LLC

2. Principal Office Address

3180 Mulford Road

Suite, Apt. #, etc.

City & State

Mulberry, Florida

Zip
33860

Country
Polk

3. Mailing Office Address

3180 Mulford Road

Suite, Apt. #, etc.

City & State

Mulberry, Florida

Zip
33860

Country
Polk

CR2E041 (8/05)

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

9-20-2001

6. FEI Number

59-3759465

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

Carl H. Bolter

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

3180 Mulford Road

Suite, Apt. #, Etc.

800061440338

11/15/05--01052--014 **255.00

City

Mulberry

State

FL

Zip Code

33860

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

Carl H. Bolter

REGISTERED AGENT MUST SIGN

Date

10/29/05

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 | Carl H. Bolter | 3180 Mulford Road | Mulberry, FL 33860 |
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REINSTATEMENT

03-05

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

Carl H. Bolter

Date

10/29/05

Daytime Phone #

(863)

425-3222

Typed or printed name of signing Managing Member/Manager Carl H. Bolter