

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000016723

1. Limited Liability Company's Name

C A Equipment, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 OCT 29 PM 3:30

400162311244
10/29/09--01026--007 **282.50
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

2169 10th Street

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34237

Country

Sarasota

3. Mailing Office Address

2169 10th Street

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34237

Country

Sarasota

4. State/Country of Formation

Sarasota, FL

5. Date Organized or Qualified

To Do Business in Florida 9/28/2001

6. FEI Number

65-1141487

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

Jay L Ackerman

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

2169 10th Street

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34237

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Jay L Ackerman

REGISTERED AGENT MUST SIGN

Date

10-28-09

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	Jay L. Ackerman	2169 10th Street	Sarasota, FL 34237

REINSTATEMENT

Oct 2008-2009

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

Jay L Ackerman

Date

10/28/09

Daytime Phone #

941 955-5144

Typed or printed name of signing Managing Member/Manager Jay L. Ackerman